



**Ministry of Labour, Health and Social Affairs
of Georgia**

ANTI DRUG STRATEGY OF GEORGIA

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CONTENTS

1. FOREWORD

2. SITUATION ANALYSIS

2.1. Overview of the drug-related situation in Georgia

2.2. Georgian experience in addressing the problem of drug addiction

2.2.1. Dynamics of the problem containment strategies

2.2.2. Establishment of adequate institutional mechanisms to fight the supply of and demand on drugs

2.2.3. State Program for Fighting Demand on Drugs

2.2.4. Involvement of the non-governmental sector

2.2.5. Evolvement of legislation

2.3. International cooperation

3. CONCEPTUAL PLATFORM OF THE STRATEGY

3.1. Philosophy and approach

3.2. Basic values and principles

3.2.1. Fundamental principles of the Strategy

4. GOAL AND OBJECTIVES OF THE STRATEGY

4.1. Main goal

4.2. Strategic objectives

5. SCOPE OF APPLICATION OF THE STRATEGY

5.1. Main target groups (objects of the Strategy)

5.1.1. Children and adolescents

5.1.2. Adult population

5.1.3. Drug users

5.2. Strategy implementation place

5.2.1. Educational institutions

5.2.2. Family

5.2.3. Jobs (workplace)

5.2.4. Armed forces

5.2.5. Penitentiary system

5.2.6. Community

5.2.7. Church

5.2.8. Recreational environment (entertainment institutions)

6. STRATEGY INSTRUMENTS

6.1. Priority areas of the Strategy

6.1.1. Reduction of demand on drugs

6.1.1.1. Primary prevention of drug usage

6.1.1.2. Treatment and rehabilitation of drug addicts

6.1.1.3. Reduction of damage caused by drug usage

6.1.2. Reduction of the supply of drugs

6.1.3. Professional staff training

6.1.4. Effective communication with the society by providing qualified information on the medical, social, legal and economic aspects of drug addiction

6.1.5. International cooperation

6.1.6. Monitoring and research

7. STRATEGY IMPLEMENTATION MECHANISM – COORDINATION

7.1. **Coordination structure**

7.2. **Role and functions of the national coordination body**

7.3. **Possible structure of the national coordination body**

8. PROGRAM FUNDING SOURCES

9. ACTION PLAN

10. ANNEXES

Annex 1 – Results of the Quantitative Study

Annex 2 – Quantitative Study Instrument

Annex 3 – Results of the Qualitative Study

Annex 4 – Qualitative Study Instrument

Annex 5 – List of the organizations engaged in the field of drug addiction in Georgia

Annex 6 – Questionnaire for registration of the organizations engaged in the field of drug addiction in Georgia

1. FOREWORD

Mankind stepped into the 21st century in search of effective solutions to limiting the spread of drug addiction – one of the critical universal problems. Today, the problem has taken on global dimensions and become an object of concern for all the states. It knows no racial, religious, national or other barriers. The number of drug abusers is increasing with each passing year, mainly at the expense of adolescents.

The policy statement of the 20th Special Session of the UN General Assembly reads: “Drugs pose a serious threat to the health and welfare of all mankind, independence and democracy of countries, stability of nations and the dignity and hopes of millions of people and families”.

The world drug policy is defined by international conventions and inter-state agreements on cooperation in this critical area. Thus, the international community is now harmonizing the approach to the spread of drugs. However, it should be mentioned that the national policy of each country in this sphere retains certain specifics, depending on the traditions and actual drug situation of each country.

Policy – means agreement between partners, a consensus on what problems are to be solved and through what means and strategies. Control over the spread of drug addiction falls out of one sphere and one can hardly name any social policy that raises as many questions as the drug policy.

What should the system aimed at addressing the problem of drug addiction look like? It is very difficult to answer the question but one thing is true: the system must be adequate to the existing situation on the one hand, and on the other hand flexible to promptly react to a changing situation. We need to develop a pragmatic, integrated, long-term approach that can contain the further escalation of the problem and help ameliorate the situation in the country.

Proceeding from the above, the National Drug Policy Board faced an extremely daunting challenge to develop the Georgian Anti-drug Strategy document.

A number of working meetings and consultations were held in the course of the document development. We are deeply grateful to the representatives of the Parliament of Georgia, Ministries of Internal Affairs, Justice and Education, the Patriarch’s Office and various organizations, to all who were actively involved in the process and contributed significantly to the development of the Strategy.

This document is, on the one hand, tailored to the Georgian reality and, on the other hand, complies with the requirements of the 20th Special Session of the UN General

ANTI DRUG STRATEGY OF GEORGIA

Assembly and other UN Conventions as well as with the main principles and objectives of the EU Drug Strategy. The European approach entails a balanced, multi-disciplinary and integrated activity in the process.

The development of the document was preceded by the analysis of the situation in Georgia, study of the experience of other countries and the survey of the public attitude to the problem of drug addiction.

We hope that with joint efforts we can address the problem of drug addiction in Georgia.

Sincerely,

National Advisory Council on Drug Policy

2. SITUATION ANALYSIS

2.1. OVERVIEW OF THE DRUG-RELATED SITUATION IN GEORGIA

Drug abuse and related health, social and economic consequences are a critical problem facing Georgia today. Drug addiction has escalated in Georgia since 1990. On the one hand, the collapse of the Soviet Union was followed by a breakdown of the anti-drug system specific for the totalitarian state that was mainly based on prohibitive measures. On the other hand, the social, political and economic events unfolding in the country gave rise to a series of incentives for intensive abuse of drugs. In particular, uncontrolled territories, unprotected frontiers, a sharp deterioration in the criminal situation, and corruption all widened access to drugs. At the same time, the social-economic collapse, a crisis of value in the society, social pessimism, and unemployment promoted increased drug abuse. Although recent years have witnessed economic development and reduction of crime, illicit sale and abuse of drugs are still on the increase.

The situation is worsened by the **geographic location of Georgia, turning the country into one of the important routes for transiting drugs from Asia to Europe. In this respect, Georgia have appeared as an immediate link between the routes through which drugs flow from Afghanistan and Central Asia to Europe.** Part of the drugs remains in Georgia, facilitating their increased abuse in the country. Recent years have seen a sharp rise in the smuggling of drugs from Europe, particularly in respect of Ecstasy and Subutex the abuse of which in Georgia reached alarming dimensions in 2004-2005.

According to the information of the Research Institute on Addiction, the number of officially registered drug abusers and drug addicts increased 9 times from 1990 to 2004. By the end of 2004, some 24 000 drug abusers or addicts had been registered. However, according to experts, **the estimated number of drug abusers or addicts may well reach 200-240 thousand now, including 80-90 thousand injection drug abusers or addicts.**

Recent years have seen a widened range of drugs abused in Georgia. If before 1998-1999 a drug manually produced of basically dry opium and poppy out of injection drugs had been abused, Heroin has been on top of the list of injection drugs since 1999-2000. 2003 witnessed a mass abuse of poppy seeds that was stopped after preventive measures. The abuse of Buprenorphin (Subutex) has assumed special dimensions in recent years. According to the 2005 Drug Abuse Report of the US Department of State, Georgia has 275 000 drug abusers. The number of drug abusers in 2004 increased by 150 000 only at the expense of Subutex abuse. The injection of stimulants occupies a relatively smaller place.

Cannabis (marijuana, pot) is on top of the list of non-injection drugs. In recent years, the abuse of the drug has covered the entire territory of Georgia. The pot abuse has become particularly alarming among the youth, including adolescents. The abuse of Ecstasy by young people also draws attention, particularly in large cities. The high level of sniffing various volatile substances of drug effect has reached alarming scales among children and adolescents, particularly children devoid of parental care.

The gamut of drug abusers in terms of age, social and geographic belonging has also widened. On the one hand, there is an upward trend in the rejuvenation of the age of the first abuse of drugs, including injectibles. On the other hand, the age range of drug abusers has grown from children to the elderly.

The problem of drug abuse in Georgia exceeded the borders of large cities long ago. Although drugs are more available in large cities, they are abused in towns and villages more often. Locally cultivated pot is particularly widely spread in villages. **Drugs are abused in almost all social classes.**

Although on account of cultural and traditional specifics, the abuse of drugs by women is not as intensive as it is in other countries (e.g. Russia, Ukraine, some European countries, etc), experts point out that the number of drug abusing women and girls has significantly increased in recent years.

Unfortunately, due to lack of funding, the State seems unable to take adequate actions to limit the delivery of drugs, prevent abuse or introduce treatment-rehabilitation programs. The problem is coupled by the inaction of and lack of due interest in the society. Besides, the legislation is incomplete. The execution mechanisms are outdated or less effective.

2.2. GEORGIAN EXPERIENCE IN ADDRESSING THE PROBLEM OF DRUG ADDICTION¹⁵

2.2.1. Dynamics of the problem containment strategies

The development of the system of drug-addiction response measures in Georgia started back in the Soviet times. A drug addict was regarded as just a criminal and fight against drug addiction encompassed basically police measures. This did not preclude treatment but there was no individual-oriented, human-rights-based drug addiction prevention, treatment or rehabilitation system whatsoever. The prevention of the spread of drug addiction was mainly based on the prohibition measures of the law-enforcement authorities. The level of availability of drugs (and their flow into the black market) was extremely low.

¹⁵ Drugs situation in Georgia, 2004, Annual Report, South Caucasus Anti-drug Program.

The situation changed at the turn of the sixties of the 20th century. A relative liberalization of the law-enforcement system and ideology prompted the spread of drugs. Although the problem became critical, it was never openly recognized in the society.

Against the background of the collapsing border and customs agencies, civil war, emergence of uncontrolled territories and sharply deteriorating criminal situation, which followed the restoration of independence and occurred in the transitive period, the country found itself embroiled in an uphill battle against the illicit circulation of drugs.

The extreme drugs situation called for a state-level strategic reaction. The government at that time started establishing the relevant institutional mechanisms to fight the delivery of and demand on drugs.

2.2.2. Establishment of adequate institutional mechanisms to fight the supply of and demand on drugs

*In 1992, the Unit of Fight Against Illicit Circulation of Drugs was separated from the Internal Search Unit of the Ministry of Internal Affairs and in 1994 evolved into the National Bureau for Fight Against Drug Addiction and Drug Business of the Ministry of Internal Affairs of Georgia. Disappointingly, the structure failed to sidestep the corruption enmeshing the law-enforcement authorities at that time. By now, it has been reorganized into the Unit for Fight Against Illicit Circulation of Drugs, structural part of the Special Operations Department of the Ministry of Internal Affairs of Georgia.

*The year 1996 saw the establishment of the State Commission for Fighting the Spread of Drug Addiction and Illegal Circulation of Drugs with the National Security Council. The Commission was jointly chaired by the Ministries of Internal Affairs and Health. The commission was staffed by the top officials of the law-enforcement authorities (Ministers and heads of departments and units) as well as the top officials of the Ministry of Health, Sports Committee, customs and other relevant structures. The goal of the Commission was to pool and integrate the efforts of different structures of the country to fight drug addiction. The Commission intended to achieve the goal by joint development and implementation of the State Program Against Illicit Circulation of Drugs in Georgia. Indeed, the Commission developed two national anti-drug addiction programs based on the principle of multi-departmental cooperation but neither of them could be implemented due to lack of funds. Ultimately, the Commission turned into an inefficient structure.

* Drugs Situation in Georgia, 2004, Annual Report, South Caucasus Anti-Drugs Program

2.2.3. State Program for Fighting Demand on Drugs

In 1997, under the supervision of the Public Healthcare Department of the Ministry of Health and Social Affairs, the Georgian Research Institute on Addiction launched the State program for Prevention of Drug Addiction. Traditionally, the largest part of the program went on the drug intoxication examination.² With the meager funds allocated by the government, the examination authority (on the average, 250-200 thousand GEL before 2005. From 2005, the funded was slashed down to 50 000 GEL) implemented the program in the following areas:

1. Establishment of the network of the addiction treatment agency in Georgia: during the program implementation, 10 regional addiction centers and 21 district addiction cabinets were established to form a national addiction treatment network. In addition, the National Information Bank was set up to bright together the information provided by the network on drugs and dependent persons, laying the necessary basis for epidemiology and epidemiological supervision of drug addiction.
2. Epidemiological research into the spread of drug addiction, making preparations for the development of the drug strategy.
3. Immediate prevention works basically on a school level.
4. Streamlining the drug examination methods in response to the innovations on the domestic drugs market, specification of the clinical and chemical-toxicological results of the new preparations and substances and disseminating them into the relevant information network.

From 1997 to 2005, the above program was the only program in the field of addiction (and in the field of reduction of demand on drugs) planned and funded by the State.

2.2.4. Involvement of the non-governmental sector

The deficit of the state programs for reduction of demand on drugs is to a certain extent cut by the non-governmental sector that under the international funding and methodological assistance has been active since 1996, regularly implementing community- and school-based small-scale³ preventive projects and since 1999 – damage-reduction projects as well. At present, there are seven non-governmental organizations in Georgia specializing in the prevention of drug addiction and reduction of the health and social damages caused by drug abuse.

² In 2005, the forensic, psychiatric and drug intoxication examination authorities were united into one authority under the jurisdiction of the Ministry of Justice.

³ At best, the annual funding is 65000 USD, to cover 350 immediate beneficiaries.

2.2.5. Evolvement of legislation

The nineties saw the completion of the ratification of all the drug-related international conventions in Georgia. The new Criminal Code was adopted in 1999. On December 5, 2002, the parliament of Georgia passed the Law of Georgia on Drugs, Psychotropic Substances, Precursors and Narcological Assistance that went into force in March 2003.

The core principle of the new legislation is to maximally limit, within the frames of human rights, the purchase and abuse of drugs and, at the same time, to recognize an addict as a patient.

The new law defined the obligations of the state before drug addicts. Under the law, the State must study, examine, diagnose, hospitalize, treat and rehabilitate the contingent. However, proceeding from the current dire economic straits, it is impossible to carry out the assistance under the program effective in Georgia. At present, no case of treatment is funded by the State.⁴

Along with other strategic innovations, the law introduced the necessary and central registration system of drug addicts and drug users; allowed for the introduction of substitute treatment on the territory of Georgia; allowed the addicted patients to get treatment anonymously; enunciated the general principles of mandatory treatment; introduced mandatory treatment for the persons arrested for and convicted of drug-related crimes (unfortunately, neither this aspect is fulfilled due to the deficit of financial and institutional resources) .

On conclusion, it must be said that the execution of the Law of Georgia on Drugs, Psychotropic Substances, Precursors and Narcological Assistance is limited to the available institutional and financial resources in the country.

2.3. International cooperation

International sector is closely involved in all the efforts bent towards reducing the supply of and demand for drugs. In addition to the whole bunch of small-scale projects, which are implemented by non-governmental organizations with international funding and methodological assistance, there are a number of large-scale projects, which are spearheaded by international foundations and carried out jointly by local governmental or non-governmental organizations. At present, Georgia is in critical need for setting up inter-departmental coordination mechanisms in the field of drug addiction containment. Inasmuch as there is no such mechanism on a government level, the international sector is seeking to fill the gap. These programs are described below:

⁴ There are only 4 clinics in Georgia, three of which are based in Tbilisi and one – in Ajara.

1. **South Caucasus Anti-Drug Program** has been implemented in Georgia by UNDP since 2001 on the initiative and with the funding of EU. The following projects are simultaneously carried out within the program: Legal Provision for Addressing the Problem of Illicit Circulation of Drugs; Ensuring Increased Control at Ground and Maritime Frontiers and Airports; Improvement of the Logistical Base of the Ministry of Internal Affairs; Prevention of Drug Addiction by Strengthening Cooperation among Non-governmental Organizations; Creation of Drug Information System.

On a par with the projects, the program is seeking to enhance coordination among the structures involved in the sphere. In particular, on the initiative of **South Caucasus Anti-Drug Program**, an Information Coordination Network was launched in 2002. The network brings together law-enforcement structures working towards reduction of the supply of drugs as well as the organizations working towards reduction of demand on them (health sector and public associations). The Information Coordination Network set up within the program processes the information provided by the members of the network and regularly publishes the annual report that is a necessary document for the development of drug strategy in Georgia.

In 2004, the Information Network reorganized into the Georgian Anti-Drug Coalition. The Georgian Anti-Drug Coalition is a non-registered voluntary union of agencies and organizations that through inter-departmental cooperation is aimed to mobilize public efforts to address the abuse of drugs.

2. **STIs and HIV/AIDS Prevention Project**, funded by USAID, has been implemented in Georgia since 2002 by Save the Children Federation, an international organization. The Project is aimed at reducing the scales of sexually transmitted diseases and human immunodeficiency virus. Considering the pattern of spread of these diseases, the project is focused on working with high-risk groups (female sex-workers and their clients; injection drug users and their partners; males having sexual intercourse with males; injection drug users at places of imprisonment).

The main areas of the project are: quantitative and qualitative study of the target contingent, minimum intervention for changing the high-risk behavior of the target contingent (provision of information and counseling, field works, peer education, etc) and impact on the formulation of the policy in the sphere.

3. **Strengthening national response in Georgia in 2003-2007 to effectively implement HIV/ AIDS, TB and malaria prevention and control measures**, a project of the Anti-AIDS, Tuberculosis and Malaria Global Fund. The project has been implemented since 2003 by Georgian Health and Social projects Implementation Center. The 2004 saw the launching the project component designed to prevent HIV/AIDS among injection drug users. This component is carried out by Open Society – Georgia Foundation in cooperation with the Research Institute on Addiction. The component is intended to reduce damage through Methadone substitution therapy, needle exchange-distribution program and

adequate education of injection drug users. Besides, the component is designed to provide voluntary consultation and testing of the target contingent and, finally, to prevent the spread of HIV/AIDS among the injection drug users in the places of imprisonment.

4. **Harm Reduction Program** has been initiated and directed by Open Society – Georgia Foundation, namely by its Public Health Program. It has been active since 1999. The program beds efforts to the following areas: making a contribution towards streamlining the applicable laws; improvement of the level of information of journalists on drug-addiction problems; distribution of needles to, education and training of the target contingent; promoting substitution therapy.

5. The activity of **Dublin Group** is a fine example of international cooperation in Georgia. The so-called Dublin Group was established in 1990 and brings together USA, Canada, Japan and Norway. Dublin Group is an informal coordination group that meets regularly for the following three purposes: 1) Exchange and analysis of information on international drug-related problems (production, shipment, use); 2) formulating the recommendations towards addressing these problems for member- as well as for partner states; 3) Development of cooperation and coordination of efforts both among member-states and between member- and partner states. Dublin Group operates through the so-called mini-Dublin Groups. The works of the mini-Dublin Group is Georgia are directed by the German Embassy.

3. CONCEPTUAL PLATFORM OF THE STRATEGY

3.1. PHILOSOPHY AND APPROACH

According to humanist psychology, man is seen as one whole in whom the body, emotions, thoughts and perception interact with one another and who has his own world. This world may be more important to him than the objective reality.

The adherents of Hedonism claim that pleasure is the core principle governing the conduct of human beings. Epicurean who thought pleasure was the chief good wrote that “true” pleasure means a clear mind and could be experienced only by those who are ready to reject evanescent pleasure in order to get a more stable and reliable satisfaction.

A number of human needs induced by physiological factors (hunger, thirst, and the need for sleep and sexual gratification) are perceived subjectively as a desire and if they are not satisfied for a long time, the body suffers a morbid stress and discomfort. When such stress is removed, relief is experienced as pleasure (i.e. satisfaction, gratification). The satisfaction that man feels after removal of morbid stress is the simplest, the most primitive and psychologically most easily experienced type of pleasure. The second type of satisfaction that like the first one emerges after removal of stress is related not to physiological needs but to mental needs to remove anxiety, spiritual discomfort (satisfaction or irrational need).⁵

An approach has evolved that pleasure is the reward for such forms of behavior, which are beneficial for an individual and society. Experiencing pleasure is related to the satisfaction of the need for food, comfort, beauty, love, security, knowledge, creation, entertainment, work, leisure and liberty.

When it comes of the use of drugs, the feeling of pleasure emerges artificially, without a real basis. In this case, pleasant sensations are experienced by chemically stimulating the system, not as a result of satisfaction of human needs.

Drugs are dangerous surrogates of natural pleasure.

In reality, man becomes dependent not on a tablet, powder or liquid but on the effect the substance has on the body, i.e. a mental condition reached by substances – a feeling of temporary release from fear and uncertainty.

If in response to a mistake or in experiencing one’s own vanity man is not suppressed, then he has no stimulus to change; there is no reason for which to make spiritual effort. Without experiencing spiritual pain, an individual cannot grow up. Dependence on drugs is

⁵ Erick Fromm “Man for Himself. An inquiry into the psychology of Ethics”, 1969

the attempt of man to avoid just about any difficulty or plight. Such attempt ends up with spiritual “inflation” and death. Drugs are the goods of virtual civilization, a medicine against conscience. “A virtual man” is the man free of experience, free of one’s own self.⁶

Mankind has been sophisticating moral norms for centuries. Any norm is seen as a limitation of liberty but moral norms determine the area of safe and correct conduct of human beings. Man chooses the strategy and tactics of his conduct himself. An individual is absolutely free in choosing and realizing the values and moral norms but freedom is identified with neither omnipotence nor permissiveness (an individual has no right to break into the zone of freedom of another individual).

Moral and lifestyle form one important quality of an individual – constructiveness. The personality of a drug addict loses constructiveness and firmness; life becomes pointless, future prospect disappears, the sphere of interests is narrowed – all of this are driven away by a drug. Drug addiction – this is a certain form of relation with the outside world where everything else pales into insignificance beside the drug.

Drugs are in instrument to suppress the will of human beings so as to govern them. Wrote Aldous Huxley in his novel “Brave New World”. “The thing that a dictator could, if he wished, use these drugs for political purposes is beyond doubt. He could protect himself from political commotions by changing the chemistry of the brains of his subjects and offering them servile conditions. He could use tranquilizers to calm down those under anxiety, illicit enthusiasm in indifferent people through stimulators, and shift their attention elsewhere from their problems through hallucinogens. But how the dictator can force his subjects to take pills, which make them think, feel and act the way the dictator wishes? Perhaps it will be enough to make these pills available...”⁷

The society is suppressing the antisocial wishes of an individual by direct prohibition, upbringing and other means. Suppressed wishes, in turn, cause stress, anxiety, and the feeling of guiltiness. Some ways to relieve anxiety are legal, permitted by the society as they pose no threat to the socium. For instance, dance softens sexual prohibitions, sport gratifies the aspiration to violence, collection satisfies the need for wealth, theater makes it possible to live temporarily in another world, etc. However, stress is most reduced by a weakened “judgement” of one’s own consciences. Drugs diminish self-control, prompt slackening, relaxation and inaction. The gist of the problem is how fully a person is organized, how successfully he adjusts to the demands of the society and how able he is to exercise the stress removal methods permitted by the society. A well-integrated individual successfully copes with external and internal stresses by using socially acceptable methods. A badly organized individual who easily loses balance because of stress can hardly regain such balance and in difficult situations he needs to alleviate the condition by artificial means. The more disorganization, the greater the need for alleviation and weakening and the desire to flee from reality.

To withdraw from reality, such individuals try to artificially change their mental condition, giving them the illusion of restored security and inner balance. This is a destruction

⁶ Aleksey Danilyn, “Hallucinogens, psychoses and the phenomenon of dependence”, 2003

⁷ Aleksey Danilyn, “Hallucinogens, psychoses and the phenomenon of dependence”, 2003

behavior. The mental condition is changed by taking in a chemical substance or by shifting constant attention to certain activity, accompanied with intense emotional reaction.

This way of restoring one's mental condition creates the illusion of a solved problem, giving way to pleasant emotions. Such a method of "tackling" reality is gradually fixed in the conduct of an individual, taking the form of a firm strategy to interact with reality. When some substance or conduct assumes a special significance in one's life, one loses freedom, becoming dependent on the pleasure-giving means.

Dependence is the condition of a constant thought on fleeing from reality and experience pleasure, taking the largest portion of one's time and energy. Such individual hosts the other, "dependent person" within himself who has his own logic, emotions, values and mental protection system. Withdrawal from reality is associated with strong emotions. If one gets hooked on an "emotional bait", one is easy to rule then. A drug addict, in fact, depends not on a preparation but on an emotion.

Drug for a drug addict is a "chemical crutch" that helps him to cope with stress, offering him an alternative reality. However, when an individual chooses such way of relieving stress, the situation may slip out of control: a conscious act that brought tranquility and satisfaction at the beginning over time becomes an irresistible, unruly need on account of which drug consumption continues irrespective of associated physical, social, emotional and legal consequences.

Drug consumption satisfies a few needs simultaneously – gives a feeling of nirvana, relieving an individual from constant anxiety and turmoil and satisfying his destructive needs. The condition of drug intoxication as such and drug addiction as a pathological process are playing with death. In the first case, an individual for a time cuts loose from his reality and in case of disease the process continues for a long time with relative intensity, ending up with early death owing to constant intoxication.

The most harmless drug addict, even if he is supplied with drugs according to his needs, at best forms into a parasite member of the society that along with satisfaction of his morbid pleasure requires social care the costs of which must be borne by the healthy members of the society. At worst, as we normally see in life, the consequence is a family breakup, de-socialization.

The drug addiction world is the world of hopelessness and lack of prospect, the world that is devoid of values and human virtues, the world where individuals trample on one another and individuals relations are based on exploitation, the world where short-lived alliances and unstable relations are established. Drugs in such a world form the illusion of withdrawal from liberty and reality. However, this world in itself is a far cry from illusion. It is a tragically real world.

The character (characteristics) of an individual determines his conduct. At the same time, character serves as the basis for the individual to adapt to the society. The character of a child is formed under the influence of the parents. In turn, the methods of upbringing chosen by parents are affected by the social structure and culture of the society. "A middle-class family" is to a certain extent a "psychological mediator" of the society. Therefore, in the process of adapting to the family, the child forms his character that will become the basis for him to adjust to the society and tackle various social problems in

future. The child develops such character, the main traits of which brings him close to the representatives of the same social class or culture, and he is likely to act as bidden by him. The fact that the majority of the representatives of a social class or culture share the essential traits of character and that there is a so-called typical “social character” shows that social and cultural models do influence the formation of an individual’s character. The habits, which not deeply rooted in character and appear in the course of individual adjustment to cultural models, may be easily changed when exposed to new social models.

Drug addiction may be seen as an objectionable phenomenon for the society – a social deviation. The spread of drug addiction as a social phenomenon is characterized with such factors as the number of drug users, consumption structure and methods, social-demographic specifics of users, forms of social control and the fashion of this or that drug.

Drug addiction seems to put the whole society to the test of resistance to show: the quality of upbringing; the level of social moral and social equity; the ability of the public to realize an individual and settle his problems, etc. The more problems the society has, the fertile the ground is for the spread of drug addiction.

Any society seeks to form the structure of the character of its members so as to prompt them to want to do what they should do to discharge their social functions.¹⁰ It is the community that must tackle the spread of drugs in the community. It is necessary to use the moral potential of the community to exercise social control over the problem. The objects of social control are the population and its health on the one hand, and on the other – an illegal drug market or drug business. The subject of control is the state in the form of special institutions (health, social and educational institutions, law-enforcement authorities, etc).

Drug and drug addiction strategy is based on 2 main assumptions:

1. Drugs impair the public safety (a social and criminal argument);
2. Drugs impair the public health (a medical argument).¹¹

In view of these 2 arguments, there are two main areas: Public Safety Policy and Public Health Policy

The Public Safety Policy is basically aimed at reducing the supply of drugs and embodies repressive measures taken by law-enforcement authorities. The Public Health policy is implemented by medical, social, cultural and education systems and the media and arises out of the assumption that the overall public welfare is the ultimate mission of all the structural elements of the society.

As we see, such redistribution of political functions among the different structures involved in the settlement of the drug-addiction problem fully ties in with the delineation of the spheres of competence between the “legal” and “medical-social” wings of the

¹⁰ Erick Fromm “Man for Himself. An inquiry into the psychology of Ethics”, 1969

¹¹ Dmitrey Suvorov, Theories and systems of counteracting the spread of drug addiction and control over drugs

phenomenon. However, the delineation of the spheres of competence does not preclude their coordination action.

Moreover, the Declaration of the 20th Special Session of the UN General Assembly states that the desirable effect and joint responsibility will be ensured only by a balanced approach: "There shall be a balanced approach between demand reduction and supply reduction, each reinforcing the other, in an integrated approach to solving the drug problem"¹²

Effective state and public control is established only by a holistic, consistent and balanced anti-drug policy.

Besides, the problem of drugs must be solved in a wider context of assured human safety and development.

This Strategy is based on the following **main postulates**:

a) Abuse of psychoactive substances has a destructive impact on the user as well as on the entire society

Any activity that lowers an individual's ability of self-control is potentially dangerous for this individual as well as for the society. The psychoactive substances, which diminish self-control in both intoxication (acute effects) and drug-dependency (chronic effects), present a danger to this individual as well as to the society.

Besides, despite the difference, psychoactive substances have one thing in common: all of them adversely affect the user's physical and mental health and, therefore, their use is related to varying degrees of risks.

b) Drug-dependency is formed on account of a number of factors

There have been a number of scientific theories and models to explain the process of dependence formation – social, in-depth-psychological, anthropological, biological and others. The critical assessment of other models brought scholars to a synthesis-model that recognizes a multifactor formation of drug dependency. According to this model, causes of dependency entail a complex of personal, drug-related and social-cultural factors, which intensively interact with one another. Schematically, such relationship is illustrated by the relation of the following factors: individual – drug – environment.

c) The scales of drug abuse are related to the availability of drugs

The more available drugs are, the more persons abuse them, the greater the quantity of drugs abused and the greater the number of the abusers who get entangled with the problems on account of drugs.

¹² General Assembly resolution S-20/3, annex.

Consequently, a legal control over the availability of drugs (that includes but is not limited to prohibition) is an effective instrument to reduce their consumption and subsequent problems and contain the youth from taking up the abuse of drugs.

d) Legal control: the right balance has to be found

The situation related to illicit drugs must be regulated through such control mechanisms, which will help cut down on both supply of and demand on drugs.

Reduction of the demand on drugs will result in:

1. Reduced number of those who take up using drugs;
2. Reduced abuse of drugs;
3. Reduced number of drug addicts;
4. Reduced number of drug-related deaths;
5. Reduced drug-related complications;
6. Reduced financial and social costs associated with the solution of drug-related problems;
7. Reduced drug-related damage to public.

However, it is possible to change to current laws so as to make it more streamlined in connection with drug users.

e) Drug dependency is a public healthcare problem

Getting used to and depending on drugs is primarily a public healthcare problem. It is part of a general health policy and aimed to prevent drug addiction, treat and rehabilitate drug addicts and prevent drug-related complications and problems (reduction of damage).

3.2. BASIC VALUES AND PRINCIPLES

Drug abuse-related problems costs dearly to the society: illness, accidents, traumas, criminal acts, corruption, breakup of families and other relationships, diminished individual productiveness, loss of dignity and freedom, impoverishment, etc. Use of drugs by young people lead to more serious problems. Drug addiction impairs the most capable age, jeopardizing such strategic directions of state building as defence and security.

Under the Constitution of Georgia, “everyone is born free and is equal before the law, regardless of race, skin colour, language, sex, religion, political or other beliefs, national, ethnic or social belonging, origin, property or title status or place of residence”.¹⁴ Every citizen of Georgia is entitled to a healthy, dignified and productive life, which means being safeguarded from the negative effects of drug use.

Georgian Anti-Drug Strategy must be based on the following basic values:

- ◆ Promoting a harmonious development of an individual;
- ◆ Protection of individual safety;
- ◆ Respect for human dignity;

¹⁴ Constitution of Georgia, Chapter 2, Citizenship of Georgia. Fundamental Human Rights and Freedoms

ANTI DRUG STRATEGY OF GEORGIA

- ◆ Promoting the education and development of society;
- ◆ Human rights protection;
- ◆ Protection of the safety of family;
- ◆ Protection of the rights of the child.

In this respect, the adolescent generation today is most vulnerable, particularly in terms of being informed. Under Article 33 of the Convention on the Rights of the Child, “States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances” (under this Convention, any individual under 18 is a child). Georgia ratified the Convention on April 21, 1994, committing itself to fulfilling the obligations under the Convention. Therefore, one of the critical objectives is to formulate a conceptual, holistic approach to the prevention of drug addiction.

The use of drugs by even one member of the family seriously affects the entire family: psychological, medical, material problems, collapse of family relations and traditions, physical, emotional and sexual violence, and social isolation. This bears most heavily upon the physical and mental health of children – the children’s needs are ignored, there is not enough contact with the parents as they are difficult for children to access to. Every child is entitled to be raised in a safe and caring environment. Such families require attention and support from the state.

When it comes to the rights of the drug user and his freedom of choice whether to use the drug or not, it should be noted that the society finds it unacceptable to use drugs for non-medicinal purposes. Therefore, the personal choice that directly clashes with the interests and rights of another individual or the whole society cannot be encouraged by the society and state. The freedom of individual choice entails responsibility as well and such choice must not limit the choices or rights of others.

3.2.1. Fundamental principles of the Strategy

1. **Holistic and balanced approach** – the causes of the spread of drug dependency vary, taking into account the role of social, economic, family, psychological, cultural and other factors in the development of the phenomenon. Respectively, the settlement of the problem requires a holistic approach where each priority area of the Strategy is equally important. Reduction of the supply of and demand on drugs are equally important and interrelated strategies.
2. **Research is the basis for the development of a rational policy** – On the one hand, any change in the National Drug Policy must be based on scientific evidence and, on the other hand, the effect of any change in the Policy must be assessed again by scientific research.
3. **Partnership and concerted effort** – under a holistic approach, an individual, a community and the entire society are interrelated parts, which influence one another and operate together. Under such approach, drug strategies must include all the institutions and organizations involved in the settlement of the problem. A joint, coordinated action on local, national and international levels will significantly improve the effectiveness of actions.
4. **Effective communication with the society** – activity designed to inform and educate the society. The society must be regularly provided with clear and objective information to help form an adequate attitude toward the problem of drug addiction.
5. **Long-term planning** – the experience of Western countries shows that only long-term strategies and uninterrupted intervention can regulate the problem.

4. GOAL AND OBJECTIVES OF THE STRATEGY

4.1. MAIN GOAL

The main goal of the Georgian Anti-Drug Strategy is to reduce the illicit circulation, spread and related consequences on the territory of Georgia.

4.2. STRATEGIC OBJECTIVES

1. Setting the limitation of the spread of the use of drugs as one of the main priority strategies of the Government;
2. Mobilizing the public effort to limit the spread of drug use;
3. Reduction of the use of drugs in the population of Georgia;
4. Prevention of the use of drugs among adolescents and young people.
5. Stepping up a coordinated drive of law-enforcement structures to reduce the availability of drugs;
6. Launching an effective system for the treatment, medical and social rehabilitation and reintegration of drug dependants;
7. Reduction of the health (HIV/AIDS, hepatitis, mortality, etc) and social damage caused by the use of drugs;
8. Improvement and development, institutionalization and effective operation of the integrated system to monitor the consequences of the supply of, demand for and use of drugs;
9. Streamlining the legislative base related to the use of drugs and bringing it in line with the current demands and needs;
10. Promoting the improvement of the logistical base and professional staffing of the organizations working on limitation of the supply or and demand for drugs;
11. Raising the level of coordination of the anti-drug efforts on national and international levels;
12. Promoting a drug-free lifestyle.

5. SCOPE OF APPLICATION OF THE STRATEGY

5.2. MAIN TARGET GROUPS (OBJECTS OF THE STRATEGY)

5.2.1. Children and adolescents

Efforts for promoting a healthy lifestyle must be launched as early as possible as the health-impairing lifestyle habits emerge in childhood and, particularly, in adolescence.

The early childhood development years lay a foundation to the child's development and behavioral patterns in future. At this stage, it is important to have the right nutrition, a healthy environment, and develop speech, motor and prosocial skills and show warmth and care on the part of the elders.

A preschool child needs to develop such skills as self-assurance, making a choice, communication, cooperative play and study, a safe environment.

The preschool age is the age when the child's lifestyle changes drastically – he comes to have obligations. The child of this age learns to manage emotions, take responsibility for his own actions, and to solve problems. The development of the child in various spheres results in a significant development of the feeling of "self". At this time, it is necessary to nurture the child's personal and social growth.

In the period adolescence, a young person still faces a lot of problems and objectives, far more than in any other period of life to come: he has to win recognition among his peers, learn partnerships, start a sexual life, choose a profession; this is when a system of values is molded and self-actualization develops.

Emergence of interest in drug:

1. **8-11 years** – drug for children at this age is obscure, unknown and forbidden world, and as everything obscure, unknown and forbidden, this world draws special curiosity and interest; children have "heard-of", incomplete information on drugs; only few have tasted it. In their environment drug-abuse is not practiced. Active drug-taking is most often related with inhalants.
2. **11-14 years** – children at this age group know quite a lot on drugs but the information is partial and attention is focused on basically the attractive side of drug. Acquaintances are the main source of information. The attitude towards drugs is more positive as they are accompanied with certain "aura of charm". The risks associated with the use of drugs are downplayed. The problem is talked about only within a narrow circle. The opportunity to using the so-called "light" drugs is high on

the agenda. This age group finds household chemical products and medications (benzene, glue, acetone, and tranquilizing pills) more available and, at the same time, wrongly assumes that these means are comparatively safe. These are the means with which one takes up using psychoactive substances.

3. **14-17 years** – is the most critical age in terms of experimenting with psychoactive substance. This period of often called the age of independence. Experimenting with drugs often takes place at places far from the adult supervision – discotheques, youth parties, somewhere in a "cool hangout". On a part with increasing information on the impacts and risks associated with the use of psychoactive substances, a certain position develops in relation to drugs.

It is known that any person may become dependent of a certain means or action due to the influence of specific circumstances. The causes of the emergence of addiction to drugs vary. At a transitive age such cases include: the desire to break away from the control of adults; the adolescent's emotional immaturity; lack of self-assurance; instable and often wrong system of values; peer pressure; pro-drug disposition in a micro-social world; availability of drugs; lack of adequate information; everyday problems, etc. These are coupled with curiosity and the desire to experience weird sensations.

The adolescence crisis is a significant risk-factor for taking up drugs.

Adults must create the conditions for the development of an adolescent and they must do it with extreme care and warmth – respect the adolescent's dignity, help him to develop the right self-assessment skills and values, and when necessary, give him useful advice. All of this will promote the adolescent's personal and social maturity.

It is impossible to completely isolate adolescents from drugs but it is possible to teach them an informed rejection of drugs.

The Anti-Drug Strategy must necessarily consider the children and adolescents who already have drug-related problems or make up a high-risk group in this respect. These are:

- Adolescents often missing school or expelled from school;
- Homeless/street children and adolescents;
- Children in armed conflict or post-conflict zones;
- Juvenile offenders.

It is important to realize that it is very difficult to assess the problems and risks that these children encounter. It is necessary to develop and implement specific methods of support and treatment for such contingent.

5.2.2. Adult population

The modern stage of the historical development of Georgia is characterized on the one hand with such positive events as restoration of freedom, building of democracy, re-emergence of a Georgian national mentality, and an individual's gaining of his own rights, freedoms, and religious beliefs. On the other hand, such rapid and drastic changes in all the avenues of public life, irrespective of their positive strategic importance, affect most of people as a stress-factor, naturally bearing on their mental condition. The typical environment – status quo is changing fast to yield place to a new situation, giving rise to existential problems. Disruption of emotional stability causes increased anxiety and loss of the feeling of security.

Care for the health of the body is given little importance. Due to economic problems, a certain part of the population suffers malnutrition and has extremely low living standards. Majority of our population gives scant attention to distress and disease symptoms until they realize they have serious health problems. All of this induced an unfriendly environment for health.

A neglectful attitude to health makes it difficult to promote a healthy lifestyle. The society must reaffirm the stance that one's own health significantly depends on one's daily lifestyle that ordinarily contains a multitude of unwholesome elements: tobacco smoking, taking in alcohol and drugs, malnutrition or unbalanced pattern of feeding, low physical activity. The current dire social-economic straits further deteriorate the consequences of such unwholesome habits. The integrity of all the above makes up a mode of daily life and it takes a lot of time and effort to change it.

5.2.3. Drug users

The wide range of conduct related to the use of drugs may conditionally be broken into 2 main categories: the use of drug for non-medical purposes and drug dependence. The abuse of drugs may present specific personal and social problems to the user: remission and relapse are the integral elements of drug dependence as well as other chronic diseases.

In terms of delivery of service to drug users, the following main subgroups of drug users can be singled out:¹⁶

- a) **Non-dependent drug abusers** – this subgroup basically includes the youth who took up experimenting with drugs a short while ago. Many youths are inclined to

¹⁶ Drug Abuse Treatment and Rehabilitation: a Practical Planning and Implementation Guide: UNITED NATIONS New York, 2003

drugs just for fun, thinking they have no problems in that area. As such people face a more serious risk – a disease of dependence, it is expedient to take early intervention steps on a community and primary healthcare level.

- b) **Injecting drug users** – the injection of drugs is the main source of the spread of HIV/AIDS. In addition to the human immunodeficiency virus, among the injection drug users circulate such disease-causing microbes as B and C hepatitis and other sexually transmitted infections. The injection of drugs causes a fast formation of dependence. The risk of overdosing and other complications is equally high. The persons within this subgroup need HIV/AIDS consultations in addition to medical-psychological support.
- c) **Dependent drug abusers (drug addicts)** – this group includes the category of drug users who meet the drug dependence criteria and apply to specialized institutions for assistance.
- d) **Acutely intoxicated drug abusers (overdosing, behavioral disorders, intoxication psychosis)** – are in need of short intensive therapy and/or psychiatrist's assistance in the critical period and thereafter, as necessary, narcological assistance or treatment of accompanying diseases.
- e) **Drug abusers in withdrawal** – withdrawal symptoms develops after a sudden drop of drug usage, requiring detoxication treatment in a specialized drug institution.
- f) **Drug abusers in recovery** – this subgroup includes those who dropped taking drugs and went through a detoxication therapy course. They are in need of a rehabilitation course, psycho-social assistance and other support programs.

Apart from the aforementioned classification of subgroups, there are priority groups requiring special attention and treatment. They are:

- Children and young people;
- Women;
- Persons whose drug-related problems are coupled with mental disorders (those with mixed or double diagnosis);
- HIV-infected drug addicts;
- Drugs users in prisons.

5.3. STRATEGY IMPLEMENTATION PLACE

5.3.1. Educational institutions

Drug usage has long been a global problem and as with any other such problem, it cannot stay beyond the attention of the education system. If the goal of the modern school is to create such education environment that promotes the child's comprehensive development, school can no way sidestep drug addiction prevention and health lifestyle strategies.

School has a significant influence on the daily life and development prospects of the child. School has a number of functions: impartation of knowledge, molding cultural and moral values, and promoting social adaptation and personal growth.

School plays a considerable role in the promotion of the health and welfare of young people. School can implement an uninterrupted, long-term preventive programs; school enables children to establish themselves in and identify with their age groups. On the one hand, school is the place where an adolescent starts experimenting with a variety of conducts (including, experimenting with drugs) among his peers and, on the other hand, we can use school as quite a powerful psychological-pedagogical resource to promote healthy lifestyle among the youth.

5.3.2. Family

The family is the first institute of the child's socialization. The family has a lot of functions: edifying, emotional, spiritual relation and social control functions. First of all, the family must provide an emotional function to meet the needs of the family members of recognition, respect, emotional support and psychological security.

The psychological deformation of the family and disintegration of the system of relationships and values among the family members strongly affect the child's development, leading to the personal deformation manifest in a variety of forms – from social infantilism to asocial conduct.

The family may unintentionally provoke drug usage or fixation of a psychic dependence on drugs or a renewal of drug taking under remission. On the other hand, the family may become a stimulating factor for drug users to go through the treatment and rehabilitation course.

It is important for the family to form the resources that on the one hand, may help youngsters to cope with stress in life, protect them from behaviors leading to adverse physical, psychological or social consequences and, on the other hand, if any of the

family members takes up using drugs, the other family members must be able to help him drop it.

5.3.3. Jobs (workplace)

Prevention of taking drugs in the workplace is aimed at forestalling such problems as diminished productivity, absence from job, corruption, accidents, adverse medical and social consequences, etc.

It is expedient for all the institutions/organizations to have a clearly formulated drug policy known for all the employees. Such programs are cost-effective and beneficial for both the employer and employees, promoting a safe and productive working environment.

5.3.4. Armed forces

The top priority of the Georgian armed forces is to enhance the performance of the armed forces and form effective armed forces.

By large, the majority of drug users are men, in their young age at that. Most of them are under military obligations and serve in the military. In this respect, the spread of drug addiction jeopardizes the objective to enhance the defense capacity and national security.

5.3.5. Penitentiary system

Many people who get in penitentiary places face a drug usage problem. The need for medical intervention may arise at various stages: while under pretrial detention, during the sentencing period, after the delivery of the sentence in prison or if court sentences one to mandatory treatment.

Drug addiction treatment and damage-reduction programs in the penitentiary system may reduce not only drug dependence problems (including, spread of infectious diseases) but also drug-related crimes.

5.3.6. Community

The community has the ability to tackle with the problem of drug addiction by mobilizing local resources such as school, family, neighborhood, youth and sports organizations, volunteers, church, and community organizations. Considering that drug usage problems emerge with varying intensity at various places, the community must decide

on a range of counter measures. It is possible to implement maximally effective strategies with the support of local government bodies.

5.3.7. Church

Religion plays a particularly important role in the historical, cultural and moral development of the society. In particular, the traditional Georgian Orthodox Church can contribute significantly towards fighting drug addiction by bringing to the fore and promoting the necessity for spiritual and physical health. Great is the importance of the church in terms of prevention as well: a person with church mentality, the one who shares the moral assumptions and norms of the church and keeps the church rules is less vulnerable to becoming a drug addict. Besides, the Orthodox Church plays an extremely important role in the treatment and rehabilitation of drug addicts by cooperating with addiction treatment institutions and promoting social reintegration of the former drug addicts.

5.3.8. Recreational environment (entertainment institutions)

Certain part of young people spends their spare time in entertainment centers and, therefore, it is critical what kind of atmosphere such places offer in terms of drug usage.

The so-called techno-culture is quite rampant today. It is inseparable from design-drugs. In such environment, young people dance all through the night. Part of the young people withstands such dance marathon with the help of alcoholic beverages and water. Some others, though, take in synthetic drugs, often combination of drugs (ecstasy, amphetamines, LSD) to boost their energy.

The management of night clubs and other entertainment institutions is obliged to provide a safe, drug-free environment for the youth.

6. STRATEGY INSTRUMENTS

6.2. PRIORITY AREAS OF THE STRATEGY

6.2.1. Reduction of demand on drugs

Reduction of demand on drugs is the chief instrument and the most promising strategy to beat the problem of drug addiction. However, the policy for reduction of demand on drugs cannot be isolated from the national policy for economics, education, healthcare, culture and other sectors the joint implementation of which is aimed at the development of the society.

The term "reduction of demand" is used in the policy and programs designed to limit the demand on the use of the drugs and psychotropic substances banned by the UN Conventions.

The EU strategy for the same sphere is aimed to reduce drug usage, drug-dependence and the health and social risks caused by drug usage **by developing an effective and comprehensive demand reduction system entailing preventive, early intervention, treatment, harm reduction, rehabilitation and social reintegration measures.**¹⁵

Such system entails the following measures:

- Prevention of starting experimenting with drugs;
- Preventing the transformation of experimenting with drugs into regular taking;
- Early identification of and intervention into the problem (early intervention);
- Offering treatment programs;
- Offering rehabilitation and social reintegration programs;
- Reduction of drug-related health and social harm.

All of these measures harmoniously blend with one another, covering different levels of prevention. In general, the hierarchy of goals for limiting the demand on drugs looks as follows:

1. Reduction of usage:

- **Primary prevention** – reduction of the number of new users (prevention of starting experimenting with drugs);

¹⁵ EU Drugs Strategy (2005-2012), Council of the European Union, Brussels, November, 2004

ANTI DRUG STRATEGY OF GEORGIA

- **Secondary prevention** – reduction of the number of the current drug users (prevention of carrying on with the use of drugs).

2. Reduction of damage:

- **Tertiary prevention** – reduction of the level of drug-related health/legal/social damage to drug users, non-users and the society as a whole (reduction of drug-related harm).

Hence, the Georgian Anti-Drug Strategy for reduction of demand on drugs singles out the following priority areas:

1. Primary prevention of drug usage;
2. Treatment and rehabilitation of drug dependents;
3. Reduction of drug-related harm.

PRIORITY 1

6.1.1.1. Primary prevention of the use of drugs

Primary prevention of drug usage – this is the integrity of social, education and medical-psychological measures intended to promote the prevention of experimenting with psychoactive substances causing addiction.

Primary prevention of drug addiction is one of the important priorities of the Georgian Anti-Drug Strategy.

The modern early, i.e. primary prevention of drug addiction is based on the principle that it focuses on an adolescent and three areas of his life – the family, the educational institution and spare time.

In taking drug prevention strategies, it is necessary to realize that prevention is not only a system of acts and measures but primarily a scientifically evidenced approach.

The concept of preventive education lies in the following: a person must realize the truth that he himself is responsible for his own health and before experimenting with some psychoactive substance must have objective information on what the consequence of the use of such substance will be. The knowledge must serve as a real motive of future conduct. For this purpose, in addition to objective information man must have the skills which will help him make and carry out the right decision in a particular situation.

As in the case of transmittable infectious diseases, which are prevented by prophylactic immunizations, to prevent contagious non-infectious, i.e. social diseases, each child needs a special education – psychological "immunization".

Psychological "immunization", i.e. prevention of any behavioral deviation, including the use of psychoactive substances, promotes the formation of a healthy individual and makes it possible to set in children such advance orientation and attitude where a psychoactive substance is not a value and all sorts of dependence are perceived to be the loss of freedom.

An effective psychological "immunization" has the following characteristics:

1. **Universality** lies in the fact that certain risk-factors may lead to any form of behavioral deviation, including drug usage. Therefore, only a drug-oriented prevention may make it possible for "stress" to find another "outlet". A deviational behavior will assume the form of not drug addiction but of other acts (aggressive, suicidal, impulsive conduct, etc). In a broad sense, prevention or psychological immunization entails the prevention of all forms of behavioral deviations.
2. **Constructive character** – psychological immunization is not aimed at changing wrong attitudes – from the very beginning it forms desirable attitudes. In other words, a constructive primary intervention does not fight deviational behavior. Rather, it promotes its prevention at the very beginning and helps develop a healthy individual. Its targets are: the formation of a system of moral-ethical principles and values, the development of communication skills, etc.
3. **Proactive character of pressure** – it is possible to form firm, desirable attitudes until the adolescent acquires the norms and attitudes unacceptable for the society.

The development of a conceptual, holistic approach to drug addiction prevention in general education schools is a critical objective. As a rule, preventive strategies are based on a holistic approach. The education system is one of the critically important rings in carrying out holistic preventive strategies.

Even the best and most reliable school environment cannot break away from the social reality in which the use of drugs by young people has become a daily routine. A number of studies have confirmed that on the one hand, adolescents know much more on drugs than their parents and teachers do but on the other hand, the street is the main source of their knowledge. In fact, the street shrouds drugs in a romantic garment but is silent on the hidden dangers.

Long-term, uninterrupted preventive efforts in schools will enable to:

- Awake in adolescents the desire to be healthy;
- Help adolescents to better know their own self and form a healthy lifestyle;
- Teach adolescents how to feel comfortable in the society;
- Strengthen their sense of dignity;
- Teach adolescents to live so as to leave no room for drugs in their lives.

A comprehensive preventive program is the integrity of specific and non-specific methods:

- 1. Specific methods:** Providing information on the impact of psychoactive substances on a human body and on the consequences of drug addiction, and formation of a negative attitude towards drug usage;
- 2. Non-specific methods:** psychological support to children, formation of adequate self-assessment, decision-making, rejection, conflict resolution skills, development of the ability to take responsibility for one's own actions, facilitation of the adaptation of children to socium and promoting the formation of social competence.

And finally, the best program for prevention of drug addiction is simple: care for, support to and teaching the children. This preventive program begins in the family and continues in school and other socium. An effective preventive strategy is based on the reduction of incentives to drug usage and enhancement of protection factors, taking into account the specifics and needs at different levels of the child development.

Main measures:

1. Development of the concept of primary prevention of the use of psychoactive substances in general education schools

At present, Georgia has no integrated concept of primary prevention of drug addiction in schools. Each interested organization or establishment carries out preventive measures at their sole discretion.

The concept of prevention of the use of psychoactive substances within the education system **is an effective instrument for the creation of a healthy atmosphere in schools, setting 3 main goals:**

- Formation of a negative attitude towards drugs;
- Development and/or exercise of life skills;
- Creation of the atmosphere of trust and benevolence.

The objectives of the concept are: creation of organized prevention structures, personnel training, development of programs for all levels of prevention efforts, preparation of a normative-legal framework, and implementation of monitoring and assessment of the effectiveness of the preventive measures.

The Ministry of Education must approve the developed concept as the main working document for the formation of the National Program for Prevention of Drug Addiction in General Education Schools.

2. Ensuring the development of the drug policy in the general education schools of Georgia

The goal of the drug-related school policy is to create the social-cultural atmosphere within a school environment that is conducive to the formation of a strongly negative attitude towards drug usage among students. **In fact, drug addiction prevention measures are based on the school's stance towards drugs and all of this finds their due reflection in the school policy.**

School Drug Policy – this is a document (School Code) clearly stating the school's stance towards drugs, explaining rules, main principles, regulations and policy implementation instruments.

The development of the Drug Policy makes it possible to improve the school environment and carry out long-term holistic preventive measures in school that ultimately is conducive to the consistent formation of a healthy lifestyle among children and adolescents.

The Policy Document worked out by each school includes the following areas:

1. Aims and objectives of the Policy;
2. Scope of the Policy (within the school area only, outside school, school visits, offsite measures, etc);
3. Values and norms on which the School Policy is based;
4. Drug-related incident management procedures;
5. Contents of the drug addiction prevention program/curriculum;
6. Policy monitoring and assessment.

In each school, the School Drug Coordinator shall be responsible for implementation of the Policy.

3. Development of an integrated, multi-step anti-drug system of upbringing

Next to schools, preventive education must be introduced in the Georgian preschool institutions and higher education establishments. Preventive strategies tailored to the specifics and needs at different child development stages must be created on each education level. It is critically important to create the education atmosphere that provides optimal conditions for young people to develop and realize themselves.

To ensure the implementation of the primary prevention strategy in the education system of Georgia, it is necessary to:

- Develop and implement age-specific preventive programs;
- Formulate preventive program effectiveness assessment criteria.

4. Development and implementation of community-oriented preventive programs

This must take place with the active involvement of local government bodies, educational institutions (kinder gardens, schools, universities) and non-governmental organizations. In this respect, it is important to integrate into the local and regional social policy strategy the drug addiction care in the form of regular drug-related situation analysis and planning and implementation of preventive measures. The representatives of local government and self-government bodies must be trained to that effect. It is expedient to create and disseminate educational materials for the community representatives.

5. Prevention of drug usage in the workplace

A comprehensive program for prevention of drug addiction in the workplace entails a clear drug policy, personnel education, training of the program implementation coordinator, and drug-testing. In this respect, it is advisable to streamline the normative-legal framework governing the conduct of drug tests.

Goal: Creation of a drug-free work atmosphere in the workplace

The first step to take on the road to implementing such programs is **to develop a drug policy in the workplace**. The organization/institution drug policy is a document setting forth the outlook of the organization in connection with drug usage, the ways by which the organization prevents drug usage, explaining the management and personnel responsibilities and describing the procedures applicable to violations of the norms set out in the policy.

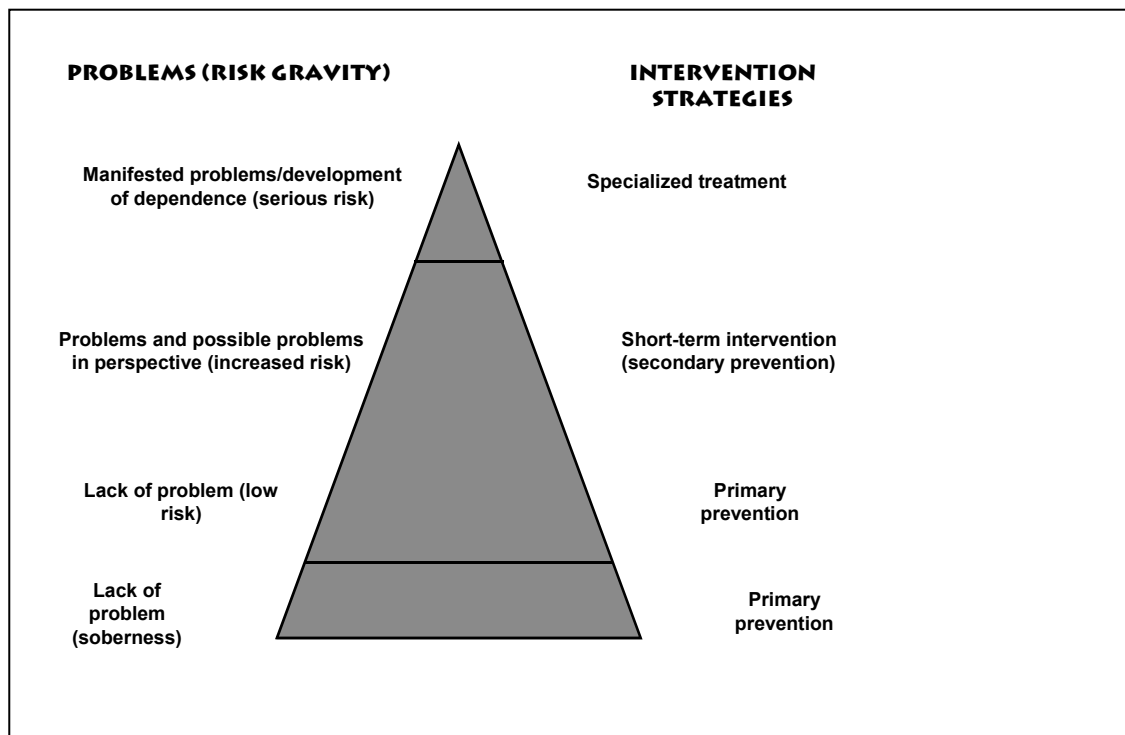
PRIORITY 2

6.1.1.2. Treatment and rehabilitation of drug addicts

The drug abuse treatment service is the system of drug treatment institutions and other healthcare units the efforts of which are targeted at preventing the chemical dependence, diagnosing and identifying alcohol and drug users and drug addicts, and providing adequate consultative, treatment and rehabilitation services.

Traditionally, drug abuse treatment assistance used to be concentrated on the worst forms of addiction pathology. Western countries give increasing priority to the programs focused on the wider segments of the population – on those who in this respect are within a high risk zone or at an early stage of disease. A wide range of problems corollary to the use of psychoactive substances may be seen as a continuum one end of which is taken by a "no-problem" use of such substances and the other end – by the grave problems associated with the usage. Any individual who abuses a psychoactive substance is more or less running the risk of falling in the grips of such problems.

The diagram below shows problems associated with the abuse of psychoactive substances and relevant intervention strategies:



The treatment of drug dependents is aimed to restore and stabilize the patient's psychic, somatic and social status and prevent the relapse. The ultimate goal of the treatment-rehabilitation efforts is to help patient drop the use of drugs and reintegrate into the society.

Proceeding from the above, a range of therapeutic opportunities has extended so as to target not only the immediate manifestations of drug dependency but also the patient's personality and micro-social environment.

Goal: Increasing the availability of treatment and rehabilitation services by creating various specialized centers and programs.

Availability implies the sufficient volume of addiction service (quantity of government-funded and non-governmental institutions, a wide range of services and affordable prices).

Objective: Creation of the so-called "assistance continuum" to establish contact with and give consultations to drug users, provide early intervention, inpatient and outpatient treatment, and introduce drug addicts rehabilitation and resocialization programs.

Main measures:

1. Screening, assessment and diagnosis of drug users by the primary healthcare practitioners

Early identification and intervention by doctors of the problems corollary to the use of psychoactive substances significantly improves the disease prognosis. A number of studies have shown that sometimes, at an early stage of drug use, even the doctor's qualified counsel changes behavior. The earlier the drug usage problem is detected and treatment is started, the higher the probability of positive developments and prognosis. In this respect, it is critically important to train the primary healthcare personnel and involve them in the prevention of drug abuse.

2. Providing urgent treatment assistance

The state provides the following urgent medical services:

1. Arresting the symptoms of acute intoxication with psychoactive substances;

2. Arresting the acute mental and behavioral disorders caused by psychoactive substance abuse or withdrawal syndrome;
3. Treatment of socially dangerous conditions (psychoses, heavy depressions, auto and hetero aggression episodes).

3. Promoting the development of the network of specialized addiction clinics

It is necessary to expand the network of addiction clinics by using the resident models tailored to modern needs. These models include such measures as providing consultations to drug users and their families, detoxification of drug addicts, treatment of accompanying diseases and complications, psychotherapy and relapse prevention.

4. Stepping up efforts against the spread of drug addiction in the regions by enhancing the effectiveness of regional addiction agencies

Modern approach requires the development of an effective drug strategy and transformation of regional addiction agencies to the medical-social model of assistance by carrying out research, information and preventive works, providing consultations and recommendations, medical-social assistance and support to drug addicts.

With such approach, **the function of the regional addiction center** will apply to the following areas:

- Identification of the abuse of psychoactive substances, problem assessment and diagnostics;
- Prevention of the disease progress by the patient instruction, early diagnosis and treatment or by referral to another specialist;
- Prevention of non-infectious and infectious diseases caused by the use of drugs;
- Support and showing the way to the individuals facing the emergence of problems or having certain problems;
- Ensuring the continuation of medical process (supporting the patient in moving from one stage of treatment to another, e.g. providing post-detoxification outpatient supervision, etc);
- Ensuring a coordinated work of the region and the center.

Activities of the Regional Addiction Center:

- **Regular assessment of the drug situation in the region** – studying and analysis of the drug situation, monitoring the changes in the drug situation, formulating recommendations based on the obtained results and forwarding the information to the relevant structures;
- **Providing methodological and consultative assistance in the process in implementing drug addiction preventive efforts in educational institutions** – active participation in the process of development and implementation of preventive strategies by schools, education activity;
- **Early identification, assessment and diagnosis of alcohol and drug users** – identification of the problems associated with the use of drugs, assessment of the situation, diagnosis and giving appropriate recommendations;
- **Motivational interviewing/consultation** – the method designed to help the client/patient in realizing the problems associated with the use of psychoactive substances and finding possible solutions to such problems, i.e. to motivate the patient to start settling the problem (i.e. drop using drugs, take up treatment, etc);
- **Short-term intervention (early intervention)** – is effective if the dependence has not yet developed or the dependence syndrome is in the initial stage of development. The strategy entails one or several sessions with the patient;
- **Psychosocial consultation and support:**
 - Assistance in the management of daily life (exercising practical life skills);
 - Studying the problems declared by the patients, seeking resources for the resolution of such problems, and providing support in the course of taking real steps towards resolution of the problem.
- **Relapse prevention** – teaching an individual how to avoid relapse and act in situations involving increased relapse risks (e.g. conflicts, internal condition – anxiety, tension, stress, increasing drive for drugs, etc);
- **Consultations to the alcohol and drug user's family members** – family operation assessment, informing, teaching. psychological support, co-dependence correction;
- **Prevention of non-infectious and infectious diseases caused by the use of drugs:**

- Prevention of overdosing and other non-infectious complications;
- Consulting drug injectors towards reducing the risk of contracting HIV/AIDS and viral hepatitis.
- **Ensuring network performance in the region** – mobilization of local resources and establishment of productive cooperation with interested organizations: the regional administration, the primary healthcare sector, urgent assistance and other medical services, educational, cultural, interior, service and social structures, youth and sports organizations, the church, media; coordination with the Center.

5. Establishment of a drug addicts rehabilitation system

Rehabilitation is a dynamic system of interrelated components (medical, psychological, social) designed to achieve the ultimate result – a firm remission. Under rehabilitation, the patient breaks away from a mental dependence on drugs. Rehabilitation is the process of regaining lost skills, social contacts and broken human relationships.

One has two options to go through a rehabilitation course: by staying in a specialized institution (in the so-called rehabilitation center) or taking part in outpatient rehabilitation programs. Despite a great variety, the substance of the rehabilitation programs practiced in the West remains the same: whether it is a rehabilitation center, a mutual support group or a psychotherapy group, patients learn from the beginning to build relationships, taking responsibility for their own actions, and regaining lost skills. However, it should be considered that the process takes place by real life modeling. For instance, a therapeutic community is a rehabilitation center – this is a "miniature society", an artificially set up social organism.

Therefore, after going through the rehabilitation process, it is necessary to move on to next the stage – stepping into the real life, reintegrating into the society. An individual goes through this stage on his own, with no external help. Reintegration (starting a job or education, making new friends) helps the individual to feel himself a full-fledged member of the society.

To reduce the health damage of drug dependents, remove their psychological dependence and help them reintegrate into the society, it is necessary to:

1. Development of Drug Addicts Voluntary Medical-Social Rehabilitation Concept;
2. Establishment of the network of specialized drug addicts medical-social rehabilitation centers;
3. Providing licensing and support to the rehabilitation centers by the State.

6. Children and adolescents addiction service

Due to an early contact with psychoactive substances, children and adolescents rapidly develop a pro-drug attitude and drug dependence, inviting impairment of their physical and mental development and individual growth, disintegration of the system of values and breakdown of relationships. Such children and adolescents lose contact with a positive social environment and find themselves in an isolated micro social world or establish contact with drug or criminal world. In fact, the nation has no juvenile addiction assistance service. It is critically needed to organize addiction treatment assistance to children and adolescents.

Goal: Providing consultation, treatment and rehabilitation service for juvenile drug users.

Main measures:

1. Development of the juvenile addiction assistance system

Formulation of an integrated children and adolescents treatment strategy by using differentiated methods of pharmacotherapy and psychotherapy; providing adequate specialized addiction treatment assistance to children and adolescents by establishing the relevant addiction treatment centers.

2. Consultation and therapy to vulnerable children and adolescents using toxic substances

The abuse of toxic substances (volatile solvents) is rampant among vulnerable children and adolescents in the present-day Georgia, leading to serious psycho-physical disorders and social disadaptation among them. The problem calls for urgent reaction.

3. Establishment of the Juvenile Drug Addicts Rehabilitation Center

The rehabilitation of juvenile drug addicts is seen as a system of edifying, educational, psychological, medical, social and legal measures aimed at dropping the use of psychoactive substances, developing a strong anti-drug sentiment, and resocializing and reintegrating such juveniles into the society. In other words, the essence of the rehabilitation process is judged not only by the progress of a disease but also in view of

age specifics – the child development potential is very high and many age-specific problems could be removed in the course of individual development.

The rehabilitation of juvenile drug addicts is a holistic but to a considerable extent a pedagogical (educational) effort to be made by a multidiscipline group – teachers, psychologists, medical and social workers. By creating the necessary conditions for personal growth and socialization, it will be possible to reverse the situation so as to help individuals reintegrate into the society.

The main objectives of **juvenile rehabilitation** are:

1. Motivating children and adolescents to finally drop the use of psychoactive substances;
2. Motivating them to get involved in the rehabilitation process;
3. Correcting the structure of an individual and ensuring his positive development by forming a social competence;
4. Creation of a rehabilitation environment conducive to the development of socially acceptable and behavioral skills among young people;
5. Implementation of edifying and educational activities at all the stages of rehabilitation;
6. Implementation of a set of therapeutic measures designed to reduce a pathological drive for drugs, correct mental and somatic disorders and prevent relapse;
7. Restoration of family relationships and lost social contacts by working with the immediate micro social environment of the child/adolescent;
8. Formation of real life prospects by education, teaching professional skills and giving social support.

PRIORITY 3

6.1.1.3. Reduction of drug-related harm

Despite multi-year and multi-dimensional efforts, no country has so far been able to fully eradicate drug addiction or problems associated with it. The recognition of this fact serves as the basis for the Harm Reduction Strategy that does not at all deny the primary importance of helping an individual drop the use of drugs but that also states that it often takes a lot of time and effort to make and carry out such decision.

The **Harm Reduction Strategy** is aimed at reducing drug usage accompanying problems in various spheres such as:

1. **Medical:** viral (AIDS, hepatitis, etc) and bacterial (tuberculosis, syphilis, etc) infections, overdosing, vascular problems (thrombosis, thrombophlebitis, purulent complications), diminished immunity, etc.
2. **Social:** the social consequences of widespread use of illicit drugs, social adaptation inability of drug users, problems in the workplace, education institution, family, etc;
3. **Economic:** incapability, HIV/AIDS, hepatitis and other disease treatment costs of a considerable part of young people;
4. **Legal:** violation of the civil rights of drug users, sentencing them to imprisonment and other types of punishment, etc.

Harm-reduction measures are carried out in three main areas:

1. **Needles Exchange Program** entails the recovery and destruction of the needles used by and potentially infected by drug users in exchange for new needles and sterile injection equipment. This program is successfully implemented in the countries where the so-called street drug addiction is rampant. Specially trained social workers, including even those who have already dropped taking drugs, disseminate information on safe use of drugs along with sterile instruments.
2. **Under the Substitution Therapy Program**, individuals who can't do without drugs are given substitute preparations in the place of illicit drugs. One of such preparations is Methadone. It is a synthetic opiate that does not set you free from

drug dependence but has a long-term but less euphoric effect and the individual under its influence is more acceptable for the society, less criminally minded and comparatively better protected from infections.

One of the main goals of the Substitution program is to reduce or completely eradicate the use of illicit drugs. A drug addict takes a substitute preparation in a medical institution under the supervision of the doctor, is released from an unpleasant and disturbing withdrawal syndrome and can go on a normal social life. Besides, substitute preparations are handed out in a non-injection form – as syrup or pills and taken in the presence of medical personnel. This minimizes injection of drugs and associated spread of infections.

Involvement in the Substitution program releases a drug user from having to buy illicit drugs, i.e. from the necessity to act unlawfully. Besides, the program beneficiaries are under the supervision of medical personnel and, if necessary, get involved in concurrent psychological and social programs.

- 3. Field social work and peer education.** The goal of these programs is to disseminate information at such places as youth clubs, educational institutions, addiction and infectious hospitals, prisons, and drug user hangouts. These programs make it possible to place brochures and preventive materials (condoms, disinfectants and vitamins) and spread the addresses of medical and social services. Besides, field social workers exchange needles with the users who for this or that reason do not visit needle exchange clinics. One of the main goals of field work is to make it possible to change behavioral patterns in the circle of drug addicts and introduce safe use of drugs.

Main measures:

1. Introduction of harm reduction programs nationwide

The pilot programs intended to treat opioid addiction with methadone substitution were launched in Georgia towards the end of 2005. Since then the program evolved and will possibly see the introduction of the substitution program across the whole territory of Georgia. It is expedient to seek ways to improve the effectiveness of needle exchange programs; wide introduction of drug overdosing and non-infectious complication prevention programs will make it possible to prevent unpleasant medical consequences corollary to injection of drugs.

2. Implementation of measures to contain the breakout of HIV/AIDS epidemics within the penitentiary system of Georgia

1. Availability of regular, anonymous and voluntary prisoner consultation and testing in both getting into and released from the places of imprisonment.
2. Introduction of the harm reduction program in prisons that entails:

ANTI DRUG STRATEGY OF GEORGIA

- Treatment opportunities for drug addicts;
 - Introduction and implementation of substitution therapy programs in prisons.
3. Training of medical and other prisoner-serving personnel of penitentiary institutions for information, prisoner consultation and safety standard awareness purposes.

PRIORITY 4

6.1.2. Reduction of the supply of drugs

Reduction of the supply of drugs is an important component in addressing drug-related problems. The focus of law-enforcement authorities and other special services must be bent towards limiting every access of the population to drugs and psychotropic substances:

- Prevention of smuggling of drugs into the country;
- Effective seizure of drugs from illicit circulation;
- Prevention of the flow of drugs, psychotropic substances and precursors from legal into illegal circulation.

Goal: Promoting the reduction of availability of illicit drugs and drug-related crimes.

Objective: Limiting the supply of illicit drugs by implementing legal, effective and highly professional measures.

Main measures:

1. Ensuring a coordinated and balanced action of law-enforcement and special services in fighting illegal turnover of drugs.

To reduce crime related to illegal turnover of drugs and provide public safety, an effective strategy must be developed to promote a coordinated action of law-enforcement authorities. To enhance the effectiveness of these structures, the necessary conditions must be created by improving their logistical base and staffing them with highly skilled personnel.

It is expedient to use special equipment and vehicles used in the preparation and shipment of drugs as well as the funds earned from procedural confiscation of illicit revenues to establish a strong cynological center and improve the logistical base of the drug crime detection services, the prosecutor's office and other relevant services.

2. Clampdown on drug smuggling

It is necessary to set up anti-drug subunits in customs and frontier departments and improve the organizational-personnel and technical sides of these departments.

Control checkpoints must be set up and adequately equipped on the trunk railways and motorways, at airports and seaports of Georgia – main routes through which drugs are smuggled into the country – a strong cynological center must be set up within the Customs Department.

3. Implementing an effective State Control over the movement of precursors throughout the nation -

Creation of an inter-departmental system for control over the production, sale, export and import of precursors clearly stating the responsibilities of interested ministries and departments.

Besides, control must be exercised over the instruments and equipment devices necessary for preparation of drugs in chemical, pharmaceutical enterprises, medical institutions and in research laboratories and institutions where the use of drugs is permitted.

4. Stepping up efforts against illicit circulation of herbal drugs

In this respect, it is important:

- To gather information on the drug-bearing plant sowings across the whole territory of Georgia and draw up a map based on such information.
- Formulation and introduction of eco-friendly and effective methods to destroy unlawfully cultivated and wildly growing drug-bearing plants.

Holistic operational-preventive measures must be carried out on a regular basis to fight illicit circulation of herbal drugs and identify and destroy such sowings.

5. Formulation and implementation of the strategy to fight legalization of illicit revenues (money laundering)

A legal framework must be developed to increase responsibility for laundering the money gained from the illicit circulation of drugs, psychotropic substances and precursors in order to prevent the penetration of illicit revenues into the financial system of the country.

6. Establishing contacts with the law-enforcement authorities of foreign countries

It is particularly important to strengthen cooperation with the law-enforcement and special services of foreign, especially neighboring countries, streamline the legal framework for wide international cooperation towards fighting drug business, and sign bilateral and multilateral agreements with the national illicit drug circulation prevention agencies and with international organizations coordinating fight against the illicit circulation of drugs.

Strengthening cooperation on a regional level is related to getting close to and harmonizing with the drug legislation of these countries, establishment of an integrated instrument to monitor the preparation and spread of drugs within the region and regular exchange of information and sharing of experience.

PRIORITY 5

6.1.3. Professional staff training

The effectiveness of the implementation of a drug strategy depends to a considerable extent on staff.

Goal: Establishment of a large-scale and multi-profile training system to prepare highly skilled personnel

To widely introduce drug prevention strategies and healthy lifestyle programs in schools, it is important set up a unit within the Teachers Training and Retraining Institute that will work out and implement training programs for school personnel. We think it necessary to insert a drug prevention course in the teachers retraining curriculum and prepare school coordinators for drug affairs.

Special attention must be placed on the training of highly skilled personnel in drug addict treatment and rehabilitation spheres:

- Improvement of the professional level of addiction service personnel (capacity building for addiction psychiatrists, psychologists, nurses, rehabilitation specialists);
- Training social workers/consultants;
- Training primary healthcare workers.

It is equally important to put the employees of the services fighting the spread of drug addiction and illicit circulation of drugs under regular capacity building programs.

Finally, it is planned to establish the **Professional Training Methodological Center** that will be responsible for the development of education standards, personnel training methods and will coordinate the professional staff training process.

PRIORITY 6

6.1.4. Effective communication with the public to provide information on the medical, social, economic and legal aspects of drug addiction

Goal: Changing the social atmosphere to form a more negative public attitude towards drug addiction

Considering the potential of mass information and communication facilities on influencing the minds of people and molding the public opinion, we can say that the media plays an important role in addressing the problem of drug addiction. It is known that the success in solving problems depends on how we raise the problem and how well we know it. The delivery through the media of the right and multi-faceted information to the society will definitely promote the formation of a reasonable, humane and responsible public attitude towards the problem.

The dominant role of the media on our lives and on those of our youth is made manifest in a variety of ways in life. Many of us seem to be an all-day-long media user. The time that young people spend on watching/listening to TV, pop music, cinemas, computer and advertisement exceeds by far the time spent on school or books.

The media directs our values and molds our opinions. It provides not just information but also the ways how to see and understand this information. Thus, the current printed or electronic media are quite an influential and widely spread "edifier". Our young people are constantly bombarded by the media with mixed notions of tobacco, alcohol and drugs which are intended for adults but often misinterpreted by children. The media in the modern society play a double game – on the one hand, reflect the prevalent attitudes of the society and on the other hand are actively involved in the formation of such attitudes. By providing the right and comprehensive information on the problem of drug addiction the media can play an active role in addressing the problem of drug addiction, helping the society realistically perceive the acuteness of the problem and the solutions to it.

Main measures:

- 1. Planning and implementing a well-calculated, competent, target-oriented, regular information campaign**

The information campaign in respect of drug addiction problems must be carried out in reasonably, with special care and by adhering to certain principles.

The goal of the information campaign is to speed up the public effort towards and get the society involved in the settlement of the problem.

The objective: raising the level of awareness of the general public in connection with drug usage, related adverse consequences and ways of prevention

2. Training for the media representatives

By a wrong or careless approach, willingly or unwillingly, the media may propagandize and advertise psychoactive substances. Therefore, it is necessary to organize trainings for journalists to focus on the role of journalists in the settlement of the problem of drug addiction and on how the [problem must be highlighted.

3. Establishment of the bank of research/educational/methodological literature and media products in connection with the use and illicit turnover of drugs.

PRIORITY 7

6.1.5. International cooperation

The global character of the spread of drug addiction and illegal turnover of drugs calls for closer international cooperation. In this respect, it is critically important to cooperate with different UN and EU programs.

Main measures:

1. **Strengthening cooperation with the European Monitoring Center for Drugs and Drug Addiction (EMCDDA)** in order to establish the drug information system, introduce innovative drug demand and supply reduction programs and quality standards in Georgia in compliance with European standards.
2. **Coordination of efforts with POMPIDU Group and European Council.**
3. **Carrying on with the practice of signing bilateral and multilateral agreements and covenants with foreign countries in such areas as drug control and fight against the spread of drug addiction.**
4. **Continuing work with donors and international organizations** to obtain material-technical support in the course of the Strategy implementation (funds, personnel training and retraining, sharing experience, recommendations, equipment).

PRIORITY 8

6.1.6. Monitoring and research

Improvement of the Anti-Drug Strategy implementation monitoring system instruments by regular assessment or and adequate reaction to the drug situation.

Main measures:

1. Creation of databases and information systems

- Running an integrated information bank of drug users and addicts (pursuant to Article 39 of Chapter 7 of the Law of Georgia on Drugs, Psychotropic Substances, Precursors and Narcological Assistance);
- Establishment of an integrated codified national system and information bank for anonymous treatment of drug addicts;
- Establishment and operation of an integrated base of persons involved in substitution therapy programs;
- Operation of a national drug situation monitoring center (Drug Observatory) in Georgia (with the technical-methodological support from UNDP South Caucasus Anti-Drug Program);
- Establishment of an integrated inter-departmental information bank on illegal circulation of drugs and on persons involved in such circulation.

2. Creation of the epidemiological and sociological survey monitoring system

The goal of epidemiological surveillance over the use of and addiction to drugs is to dynamically study the use of and addiction of drugs as well as their accompanying consequences nationwide and planning adequate counter-measures.

For effective implementation of epidemiological surveillance, it is necessary to:

- Study the prevalence of the use of and addiction to drugs nationwide;
- Study the use of and addiction to drugs among the youth;
- Study the demand for the treatment of addiction nationwide;
- Study the current demand for substitution therapy;
- Study the behaviors of drug users running the risk of contracting HIV/AIDS and other blood-borne diseases;
- Study the urgent and lethal cases caused by the use of drugs;
- Study the public attitudes towards drugs and drug addiction;

ANTI DRUG STRATEGY OF GEORGIA

- Informing the relevant authorities and planning counter measures if there is a significant deterioration of the epidemiological situation or new trends have emerged.

3. Seeking, adapting and introduction of innovative drug addiction prevention, treatment and rehabilitation methods

4. To implement a rational and socially acceptable drug strategy, it is necessary to take:

- Annual analysis of drug situation across the country;
- Situation analysis for neighboring countries;
- Media analysis.

7. STRATEGY IMPLEMENTATION MECHANISM – COORDINATION

7.2. COORDINATION STRUCTURE

In implementing the drug strategy, coordination is defined as “the task of organizing or integrating the diverse elements comprising the national response to drugs, with the objective of harmonizing the work and, at least implicitly, increasing effectiveness.”¹⁷ The basic elements of such definition are "interdependence" (each particular effect is judged within the context of "multidiscipline approach"), partnership and sharing common goals.

The nationwide implementation of the Georgian Anti-Drug Strategy is coordinated by the national coordination board – Drug Policy Board. The competence of the Board is to harmonize the efforts of the relevant ministries, governmental and non-governmental organizations, and monitor and assess the strategy implementation. All the efforts made under the responsibility of various agencies and structures constitute part of the integrated Georgian Anti-Drug Strategy and their efforts are harmonized by coordination. Coordination on a regional level is provided through Regional Drug Policy Coordinators.

7.3. ROLE AND FUNCTIONS OF THE NATIONAL COORDINATION BODY

The national coordination body (Drug Policy Board) is the consultative body of the President (version I) or Prime Minister of Georgia (version II) the aim of which is to provide an effective inter-departmental coordinated effort against the spread of drug addiction and illicit circulation of drugs¹⁸ nationwide. The Board is accountable before the President (or in case of version II – Prime Minister) of Georgia.

The Board conducts its work in compliance with the Constitution of Georgia, international agreements and covenants of Georgia, decrees of the President of Georgia and other normative acts applicable in Georgia.

Pursuant to the Law of Georgia on Structure, Powers and Order of Activity of the Government of Georgia, a consultative body may obtain from government institutions the documents, information and other data needed for its work.¹⁹

¹⁷ Strategies and Coordination in the Field of Drugs in the European Union. A Descriptive Review. EMCDDA, 2002.

¹⁸ The Law of Georgia on Drugs, Psychotropic Substances and Precursors, **circulation of drugs, psychotropic substances or precursors** is defined as cultivation of plants containing narcotic drugs, psychotropic substances or precursors; creation, production, preparation, processing, keeping, delivery, shipment, dispensing, sale, distribution, purchase, administering, consumption, destruction, import, export and transit.

¹⁹ The Law of Georgia on Structure, Powers and Order of Activity of the Government of Georgia, Article 29 of Chapter X.

Objectives of the Board:

1. Coordinating the implementation of the Anti-Drug Strategy;
2. Formation of a system for a harmonious operation of the governmental, municipal, public, religious and other organizations and coordinating their activities;
3. Monitoring the implementation of the Strategy and assessment of its effectiveness;
4. Strengthening and streamlining inter-departmental coordination in the course of the Strategy implementation;
5. Raising inputs and promoting their effective utilization in the course of the Strategy implementation.
6. Regular revision and improvement of the Strategy and planning of further activity;
7. Prompt reaction to a changing situation, formulation of recommendations and submitting them to the relevant agencies;
8. Expansion of international cooperation.

The body (Board) coordinating the Drug Policy is spearheaded by the Prime Minister of Georgia (if the Board is a consultative body of the President of Georgia) or by the Vice-Premier (if the Board is set up with the Prime Minister).

The Head of the Board:

1. Determines the time and place of the meetings of the Board;
2. Presides over the Meetings;
3. Approves the agenda of the Meetings;
4. Approves the resolutions of the Board;
5. Represents the Board in and before the relevant agencies;
6. Makes decisions on hiring experts;

The members of the Board are nominated by the Prime Minister (on by the Vice-Premier in the other case) and approved by the President of Georgia (or by the Prime Minister).

The composition of the Board:

1. National Drug Policy Coordinator (Secretary of the Board);
2. Primary Prevention Coordinator;
3. Coordinator of Addiction Agencies
4. Coordinator for Legal Affairs;

5. Public and Foreign Liaison Coordinator;
6. Coordinator for Liaison with Law-enforcement Agencies
7. Resources Coordinator;
8. Research and Monitoring Coordinator;
9. Legal Circulation Control Coordinator.

Competence of the member of the Board:

➤ **National Drug Policy Coordinator (Secretary of the Board) shall be responsible for:**

1. Discharging the duties of the Head of the Board when the latter is lacking;
2. Organizing the meetings of the Board;
3. Coordinating the activities of the Board and supervise the periods between meetings;
4. Supporting the fulfillment of the resolutions of the Board;
5. Coordinating the preparation of the Performance Report of the Board.

➤ **Primary Prevention Coordinator shall be responsible for:**

1. Development of the system of preventive methods and strategies for their implementation;
2. Monitoring, assessment and further streamlining of the preventive strategy implementation;
3. Development and practical implementation of innovative and cost-effective preventive programs;
4. Creating conditions for organizing the spare time of young people.

➤ **Coordinator of Addiction Agencies shall be responsible for:**

1. Improvement of the quality of and access to the drug-dependant treatment and rehabilitation programs;
2. Facilitating the improvement of the effectiveness of harm reduction programs;

ANTI DRUG STRATEGY OF GEORGIA

3. Improvement of addiction treatment assistance and access to the drug-dependant in the law-enforcement agencies.

➤ **Coordinator for Legal Affairs shall be responsible for:**

1. Assessment and further streamlining of the normative-legal base related to the illicit circulation of narcotics;
2. Preparation of the relevant draft laws and other normative acts;
3. Facilitating the harmonization of the current legislative base with international norms.

➤ **Public and Foreign Liaison Coordinator shall be responsible for:**

1. Close intensive contact with the public to study the spread of information and public needs and expectations.
2. Ensuring the consideration of the interests and demands of individuals in the process of decision-making;
3. Planning and implementation of mass media-campaigns;
4. Creation of the bank of the research/educational/methodological references in connection with consumption and illicit circulation of psychoactive substances;
5. Strengthening cooperation with the relevant foreign and international organizations;

➤ **Coordinator for Liaison with Law-enforcement Agencies shall be responsible for:**

1. Development of an effective strategy for a coordinated action of the law-enforcement agencies to reduce crime and improve public safety in terms of illegal drugs turnover;
2. Improvement of the personnel and logistical base in connection with illicit turnover of drugs;
3. Ensuring contacts with the law-enforcement agencies of other countries.

➤ **Resources Coordinator shall be responsible for:**

1. Facilitating the allocation of target-oriented funds in the central and local budgets for implementation of the Anti-Drug Strategy.
2. Ensuring fundraising from non-budget sources;
3. Providing monitoring over the spending of target-oriented funds.

➤ **Research and Monitoring Coordinator shall be responsible for:**

1. Streamlining the instruments of the Anti-Drug Strategy Implementation Monitoring Systems;
2. Development of databases and information systems;
3. Identification of drug-related situation research principles and priorities;
4. Organizing regular research and formulating the relevant recommendations based on the obtained results.

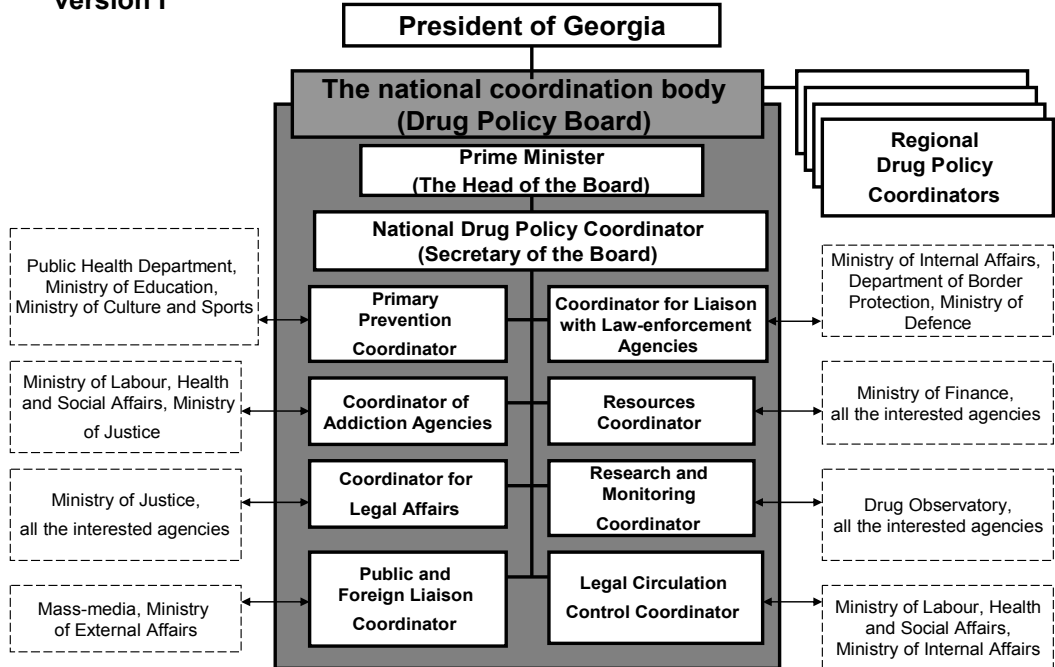
➤ **Legal Circulation Control Coordinator shall be responsible for:**

1. Streamlining the strategy for legal circulation of narcotic means and psychotropic substances;
2. Development of an effective strategy for monitoring the activities related to legal circulation of narcotic means and psychotropic substances and submitting recommendations to the National Coordinating Agency;
3. Promoting the local government initiatives in the course of implementation of anti-drug measures.

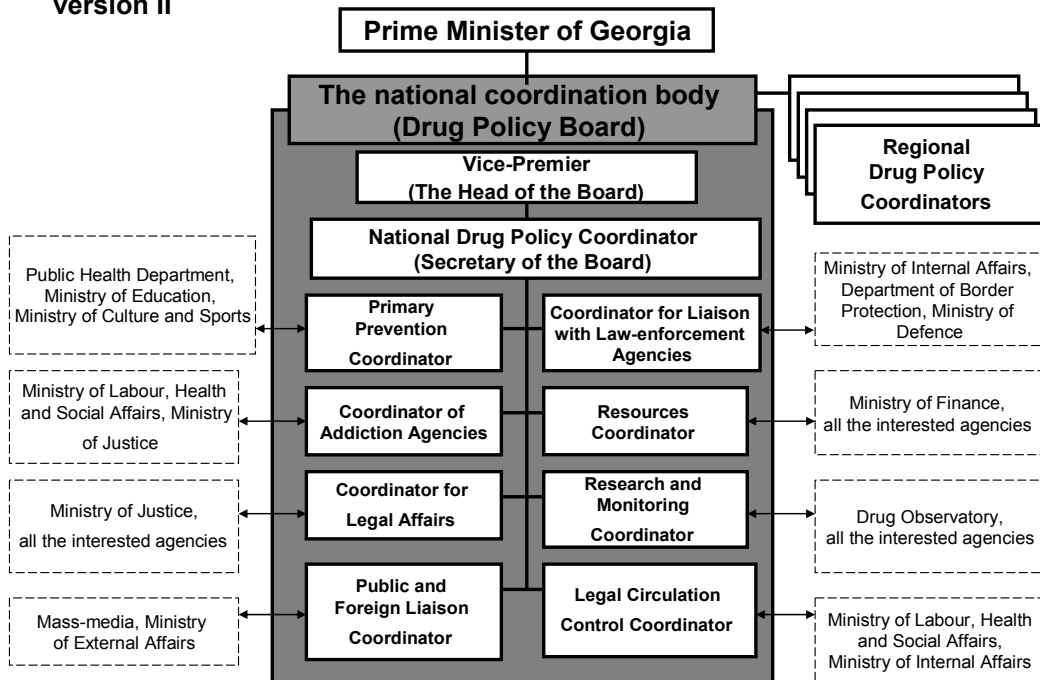
ANTI DRUG STRATEGY OF GEORGIA

7.3. POSSIBLE STRUCTURE OF THE NATIONAL COORDINATION BODY

version I



version II



8. PROGRAM FUNDING SOURCES

The Strategy implementation funds shall be allocated from the State Budget, sponsorship and voluntary donations, funds of non-governmental organizations and individuals, and the financial and technical assistance from foreign countries.

The permanent sources of financing the main directions of the Strategy are:

- State budget;
- Special funds.

The additional sources of financing the main directions of the Strategy are:

- Grants allocated for implementation of research, prophylactic and other projects;
- Private investments;
- Funds allocated by international organizations.

ANTI DRUG STRATEGY OF GEORGIA

9. ACTION PLAN

N	List of Actions	Responsible Institution	Implementation term	Main Outputs
1. Organizational measures				
1.1.	Establishment of the national coordination body – Drug Policy Board	Government of Georgia	2006	There is a coordination body aimed at ensuring an effective and coordinated inter-departmental work
1.2.	Coordination by the Drug Policy Board of the implementation of the National Anti-Drug Strategy	Narcotic Policy Board	2006-2010	The Drug Policy Board coordinates the implementation of the Georgian Anti-Drug Strategy across the whole territory of Georgia.
2. Legal regulation				
2.1.	Regular analysis of the legislative and other normative-legal base to assess the compliance with the real situations and to further streamline it	The Drug Policy Board, the Ministry of Justice, the Ministry of Internal Affairs, the Ministry of Labour, Health and Social Affairs	2006-2010	Streamlining the legislative base on a regular basis
3. Primary prevention of the use of psychoactive substances				
3.1.	Development of the concept of primary prevention of the use of psychoactive substances in general education schools	Ministry of Education, Department of Public Health, non-governmental organizations	2006	The country has a unified concept of primary prevention
3.2.	Approval of the concept by the Ministry of Education	Ministry of Education	2006	There is a working document that will serve as the basis for the development of the National Drug addiction Prevention Program in general education schools.

ANTI DRUG STRATEGY OF GEORGIA

N	List of Actions	Responsible Institution	Implementation term	Main Outputs
3.3.	Ensuring the development of the school drug policy in the general education schools of Georgia	Ministry of Education	2006	School environment promotes a social-cultural atmosphere that facilitates the development among students of a clearly negative attitude to abuse of drugs.
3.4.	Introduction of preventive education in the higher education institutions of Georgia	Ministry of Education	2007	Another unit of the system of an integrated, multi-step anti-drug upbringing has been created.
3.5.	Introduction of preventive education in the preschool institutions of Georgia	Ministry of Education	2008	The creation of an integrated, multi-stage anti-drug upbringing system has been completed.
3.6.	Development and implementation of community-oriented preventive programs	Local government bodies, all the interested agencies, non-governmental organizations	2006-2010	The efforts to address if the problem of drug addiction has become an integral part of the local and regional social policy strategy.
3.7.	Prevention of drug use/abuse at workplace	All the interested agencies/organizations	2006-2010	Drug-free workplace is created
4. Treatment and Rehabilitation of Drug Addicts				
4.1.	Screening, evaluation and diagnosis of drug users by the primary healthcare practitioners	Ministry of Labour, Health and Social Affairs	2006-2010	The probability of a positive disease dynamics and hopeful forecasts is increasing
4.2.	Provision of urgent addiction treatment assistance	Ministry of Labour, Health and Social Affairs, Research Institute on Addiction	2006-2010	The quality of addiction service is improving
4.3.	Promoting the development of the network of specialized addiction clinics	Ministry of Labour, Health and Social Affairs, Research Institute on Addiction, non-governmental organizations	2006-2010	The quality of addiction service is improving

ANTI DRUG STRATEGY OF GEORGIA

N	List of Actions	Responsible Institution	Implementation term	Main Outputs
4.4.	Stepping up an anti-drug drive in the regions of Georgia in order to improve the effectiveness of regional addiction agencies	Ministry of Labour, Health and Social Affairs, local government bodies	2006-2010	The quality of addiction service is improving
4.5.	Establishment of the rehabilitation system for drug addicts	Ministry of Labour, Health and Social Affairs, Research Institute on Addiction, non-governmental organizations	2006-2010	Facilitation of the reduction of health impairment of drug addicts and their reintegration into the society
4.6.	Establishment of the juvenile addiction assistance system	Ministry of Labour, Health and Social Affairs, Research Institute on Addiction, non-governmental organizations	2006-2010	The quality of addiction service to children and adolescents is improving
4.7.	Consultation to and therapy of the vulnerable children and adolescents abusing toxic substances	Ministry of Labour, Health and Social Affairs, Research Institute on Addiction	2006-2010	The quality of addiction service to children and adolescents is improving
4.8.	Establishment and development of the juvenile drug-dependants rehabilitation center	Ministry of Labour, Health and Social Affairs, Research Institute on Addiction, non-governmental organizations	2006-2010	The quality of addiction service to children and adolescents is improving
5 Reduction of the Drug-related Harm				
5.1.	Introduction of harm reduction programs nationwide	Ministry of Labour, Health and Social Affairs, non-governmental organizations	2006-2010	Problems accompanying the drug abusers are on the wane

ANTI DRUG STRATEGY OF GEORGIA

N	List of Actions	Responsible Institution	Implementation term	Main Outputs
5.2.	Implementation of measures towards limiting the spread of HIV/AIDS in the Georgian penitentiary system	Ministry of Justice, Ministry of Labour, Health and Social Affairs, non-governmental organizations	2006-2010	Prevention of the spread of HIV-AIDS in the penitentiary institutions
6. Reduction of the supply of illicit drugs				
6.1.	Improvement of the logistical base and staff of law-enforcement and special agencies to fight illicit circulation of psychoactive substances	Ministry of Internal Affairs, Department of Border Protection, Customs Department	2006-2010	Promoting the reduction of the crime related to the illicit circulation of drugs and improvement of public safety
6.2.	Stepping up a drug smuggling campaign in the nation	Ministry of Internal Affairs, Department of Border Protection, Customs Department	2006-2010	Organizational—staff and technical strengthening of the frontier and customs agencies
6.3.	Implementation of effective state control over the circulation of precursors in the country	Ministry of Labour, Health and Social Affairs, all the interested agencies	2006-2010	Establishment of an inter-departmental system of control over the production, sale, export and import of precursors
6.5.	Development and implementation of the strategy for fighting legalization (money laundering) of the revenues earned in criminal ways	Ministry of Internal Affairs, Ministry of Finance	2006-2010	Creation of the legal base to toughen responsibility for the laundering of money earned from the crimes related to the illicit circulation of drugs
6.6.	Establishing contacts with the law-enforcement agencies of other countries	Ministry of Internal Affairs, Ministry of Foreign Affairs	2006-2010	Strengthened cooperation with the law-enforcement and special agencies of foreign and particularly neighboring countries
7. Professional staff training				
7.1.	Preparation and implementation of training programs for school personnel	Ministry of Education	2006-2010	Availability of prevention specialists

ANTI DRUG STRATEGY OF GEORGIA

N	List of Actions	Responsible Institution	Implementation term	Main Outputs
7.2.	Inserting the course of prevention of drug addiction into the teachers retraining curriculum	Ministry of Education	2006	Availability of prevention specialists
7.3.	Training for school drug coordinators	Ministry of Education	2006-2010	Availability of the persons responsible for the implementation of school drug policy
7.4.	Capacity building of the employees of addiction agencies (addictionologists, psychologists, nurses, rehabilitation specialists)	Ministry of Labour, Health and Social Affairs,	2006-2010	Addiction agencies are equipped with highly professional and skilled personnel
7.5.	Training for social workers/consultants	Ministry of Labour, Health and Social Affairs,	2006-2010	Establishment of the institute of social workers
7.6.	Training for primary healthcare practitioners	Ministry of Labour, Health and Social Affairs,	2006-2010	Family doctors are equipped with the necessary knowledge
7.7.	Capacity building of the employees of the agencies fighting illicit circulation of drugs	Ministry of Internal Affairs, Police Academy	2006-2010	The agencies fighting the illicit circulation of drugs are equipped with highly professional and skilled personnel
7.8.	Establishment of methodological professional training centers	All the interested agencies	2007	Availability of the center responsible for the development of the relevant educational standards and coordinating the training of professional staff
8 Effective communication with the public				
8.1.	Planning and implementing well-calculated, competent, reasonable, regular information campaigns	Narcotic Policy Board	2006-2010	Activation and involvement of the community in addressing the problem
8.2.	Training for media representatives	Narcotic Policy Board	2006-2010	Journalists know how to highlight drug addiction problems

ANTI DRUG STRATEGY OF GEORGIA

N	List of Actions	Responsible Institution	Implementation term	Main Outputs
8.3.	Formation of the bank of research/training/methodological References and Media-Products in connection with Drug Abuse and Illicit Circulation	Narcotic Policy Board	2006	Availability of the information bank
9. International cooperation				
9.1.	Strengthening cooperation with the European Monitoring Center for Drugs and Drug Addiction (EMCDDA)	Ministry of Labour, Health and Social Affairs, Ministry of Internal Affairs, Ministry of Foreign Affairs, Drug Observatory	2006-2010	Establishment of the drug information system meeting the European standards
9.2.	Coordination of activity with POMPIDU Group and European Council	Ministry of Labour, Health and Social Affairs, Ministry of Internal Affairs, Ministry of Foreign Affairs	2006-2010	Strengthening international cooperation
9.3.	Proceeding with the practice of signing bilateral and multi-lateral agreements and covenants with other countries in connection with control of narcotics and fighting the spread of drug addiction	Ministry of Labour, Health and Social Affairs, Ministry of Internal Affairs, Ministry of Foreign Affairs	2006-2010	Strengthening international cooperation
9.4.	Cooperation with donors and international organizations	All the interested agencies	2006-2010	material-technical support ensures successful implementation of the Strategy
10. Monitoring and Survey				
10.1	Establishment and development of databases and information systems	All the interested agencies	2006-2010	Improved instruments for monitoring system

ANTI DRUG STRATEGY OF GEORGIA

N	List of Actions	Responsible Institution	Implementation term	Main Outputs
10.2	Establishment of the epidemiological and sociological surveillance system	Ministry of Labour, Health and Social Affairs, Narcotics Observatory	2006-2010	Assessment of drug situation, planning adequate measures
10.3	Seeking, adaptation and introduction of the innovative drug addiction prevention, treatment, rehabilitation and harm reduction methods	Ministry of Labour, Health and Social Affairs	2006-2010	The quality of addiction service is improving
10.4	Annual analysis of the drug-related situation in the nation	All the interested agencies	2006-2010	Improved instruments for monitoring system
10.5	Analysis of situation in neighboring countries	All the interested agencies	2006-2010	Planning adequate measures
10.6	Media analysis	Ministry of Labour, Health and Social Affairs, Narcotics Observatory	2006-2010	Planning adequate measures

ANNEX 1

PUBLIC ATTITUDE TOWARDS THE PROBLEM OF DRUG ADDICTION

QUANTITATIVE STUDY REPORT

TBILISI

2005

The objective of the National Advisory Council on Drug Policy is to develop an effective, logical, multi-dimensional, flexible and principles-of-democracy-oriented concept of the Georgian Anti-Drug Strategy so as to make sure that the Strategy is clear and acceptable for the public.

One of the core components of the Anti-Drug Concept is the public liaison strategy of the subjects (institutions, organizations, and other active groups) involved in this activity.

This liaison must be built on one foundation: each of its components must not conflict either the rest of the components or the liaison strategy as a whole. Moreover, it is not necessary for each component of public liaison to have a fully formed, comprehensive form. It is necessary for the entire strategy to achieve the goal. In order to determine a successful public liaison strategy, it is necessary to well know not only the subject (active part) but also the object (society) of the liaison.

To study the public attitude towards the problem of drug addiction, we decided to conduct a quantitative study.

The study was scheduled and conducted in September 2005.

In drawing up a questionnaire, we singled out critical issues: the priority of drug addiction as a problem in relation to other problems and a change in situation for the last year; identification of discussions over the most successful and unsuccessful issues in the last year; the readiness and type of public involvement in the settlement of the problem; public interest and satisfaction with knowledge; degree of identification with drug addiction in connection different contexts ("image of a drug addict", i.e. what the public opinion is on a drug addict).

It was critical for us to know not only the opinion of the entire Tbilisi community as well as the viewpoints formed within specific categories. Therefore, respondents were divided into groups according to sex, age and place of residence.

CONCLUSIONS AND RECOMMENDATIONS:

1. **Conclusion:** In connection with such critically important issues for Georgia as unemployment, strengthening armed forces and public healthcare, the population has a clear-cut, unequivocal opinion. However, public opinion varies in respect of the priority of drug addiction issue.

Recommendation: It is necessary to work towards forming an unequivocal opinion on the problem of drug addiction. Considering the condition of our country, it may not come on top of priorities but the unity of mind will definitely promote public involvement in and unequivocal support, both quantitatively and qualitatively, to anti-drug efforts.

2. **Conclusion:** Majority of those surveyed agrees with the idea that "in the last year the drug situation has significantly worsened in Georgia". The significantly worsened and naturally acute issue is perceived by the population as a derived problem, which means that the deterioration of the problem of drug addiction is the consequence of other social or material problems.

Recommendation:

- Drug addiction as a problem dangerous for the society and risky for the State must have its own position in a public cognitive area and separated from other problems, whether social, material, spiritual, cultural or others.
- It is necessary to have rational communication with the society to wise up to the fact that it is necessary to fight directly addiction problem and that this problem will not be eradicated automatically by settling other problems. Moreover, unless we take prompt actions to address the problem of addiction, the current opinion will fix in the minds of people and the society will always find a reason the existence of which will justify the pointlessness of any anti-drug effort.

3. **Conclusion:** The majority of those surveyed believes that the society must see to the problem of drug addiction. Moreover, they think the society is obliged to address the problem.

4. **Conclusion:** The respondents try to attribute negative traits to a drug addict and avoid ascribing to him any positive character. In another case, if it is hard to ascribe a positive trait, they opt for a neutral score which means that the given trait is independent from the drug addict.

5. **Conclusion:** There is no discussion in the society on the issue. The main cause of no discussion is the so-called tabooing of the topic of drug addiction. However, against the scales of drug addiction, the topic must be and is quite popular. But where is there no discussion? The only reason for that lies in the deficit of information or discussion material that is only limited to the specific examples of such corny expressions as *"twisted life"*, *"doomed genius"* and so forth.

Recommendation: The provision of ample or diverse information does not in itself solve the problem. It is necessary to find the emotional-rational framework that will occupy a designated place or position in the cognitive area of the society.

Goal of the study:

Studying the public expectations and readiness in relation to addressing the problem of drug addiction.

Objectives of the study, to establish:

1. How topical the problem of drug addiction is for the society;
2. How acceptable our strategies and approaches are for the society;
3. What the public attitude towards drug addiction is.

Method of the study:

The study was conducted through a structured questionnaire (see Annex N2) drawn up on the basis of the qualitative study, consultations with the specialists working in the sphere and the objectives set at the meetings of the Advisory Council on Drug Policy. The structured questionnaire was streamlined by means of brief preliminary polls and consultations with sociological survey specialists.

Specifics of conducting the study

Question 1

This question was aimed to establish the priority of the problem of drug addiction, i.e. to determine what the place of drug addiction is in the minds of the population. Although the question did not list all the problems and issues of concern of our society, it did give the necessary majority that can deliver a realistic picture. The evidence for the above is that other answers were either unavailable or not so specific as to deem them as a common problem.

Question 2

This question shows, according to the respondents, a change in the situation towards improvement or deterioration in relation to the issues listed. Naturally, the information concerning issues other than drug addiction was not interesting for us. However, we were given the opportunity to identify, in combination with questions 1, 3 and 4, the most unsuccessful and successful approaches, discussions and strategies in addressing the topical and pressing issues for the society.

Question 3

The answer to this question is obtained this way: by means of the answers to question 2 we obtain a considerably worsened picture of issues, then we see which of the answers to question 1 has greater priority (except drug addiction) than others and we ask the respondent to name out of the listed versions the main five strategies that will be employed in relation to the given issue. By this method we established the failure-associated strategies ranked by the population.

Question 4

The answer to this question is obtained this way: by means of the answers to question 2 we obtain a considerably improved picture of issues, then we see which of the answers to question 1 has greater priority (except drug addiction) than others and we ask the respondent to name out of the listed versions the main five strategies that will be employed in relation to the given issue. By this method we established the success-associated strategies ranked by the population.

Question 5

The answers to this question enable us to establish by what strategy or approach, in the opinion of the respondents, the fight against the problem of drug addiction is carried out and, consequently, what are these strategies associated with: failure or success.

Question 6

This question is a scale from 1 to 5 where 1 means information gap and 5 means the obligation to be fully aware of these issues.

Question 7

Like the previous question, this question gives a scale from 1 to 3, showing the degree of activity of an individual according to the respondents. 1 means that the individual must tolerate with patience all that's going on around and entrust the resolution of the problem to the government only while 3 implies that the individual must be actively involved in the effort.

Question 8

This question shows as to how the respondent is interested in drug-related issues.

Question 9

This question shows how the interest of the respondent was satisfied.

In combination, these four questions (6-9) enable us to establish whether the respondent's interest is sincere or not: when we talk about as citizen or society, respondents have an abstract notion of them if he thinks he is also a citizen or a member of the society.

Question 10

This question consists of 10 scales. Each scale gives individual attributes. Scales have 9 scores. 1 stands for an extremely positive idea of a particular attribute while 9 – for a negative. For instance, 1 in scale 1 stands for healthy while 9 – for ill. In reality, these attributes are more or less independent from the drug addict. The respondent was to put drug addict to a certain place in each scale. As a result, we obtained the "image of a drug addict", in other words, what the public idea of a drug addict is.

Questions 11, 12, 13 and 14

These questions are open which means that we did not offer the respondent any version of an answer and did not limit him to give answers. By these questions we wanted to establish whether the respondent had a certain position for or against a drug-free lifestyle; whether he would offer something of his own or answer in a corny way. Both of these versions of the answers have positive as well as negative aspects.

Question 15

This question shows what strategy the respondent employed in relation to the problem – whether he avoided or on the contrary, tried to wrestle the problem head on.

In addition to the answers to the aforesaid questions, we took note of the respondent's age and sex, place of residence (downtown or periphery resident) and employment or unemployment information.

Sampling:

The survey was conducted on 200 respondents. In sampling, we divided, on a pro rata basis, the respondents according to sex, age (18-24, 25-30 and 31-50 years) and place of residence (suburb-center). Finally, we got the following breakdown:

Sex		Area		Age		Work	
Female	102	center	98	From 18 to 24 inclusive	67	Works	73
Male	98	suburb	86	From 25 to 30 inclusive	66	Does not work	121
		Skipped	16	From 31 to 50 inclusive	67	Skipped	6

We processed the results in the SPSS statistical computer program.

Results of the study:

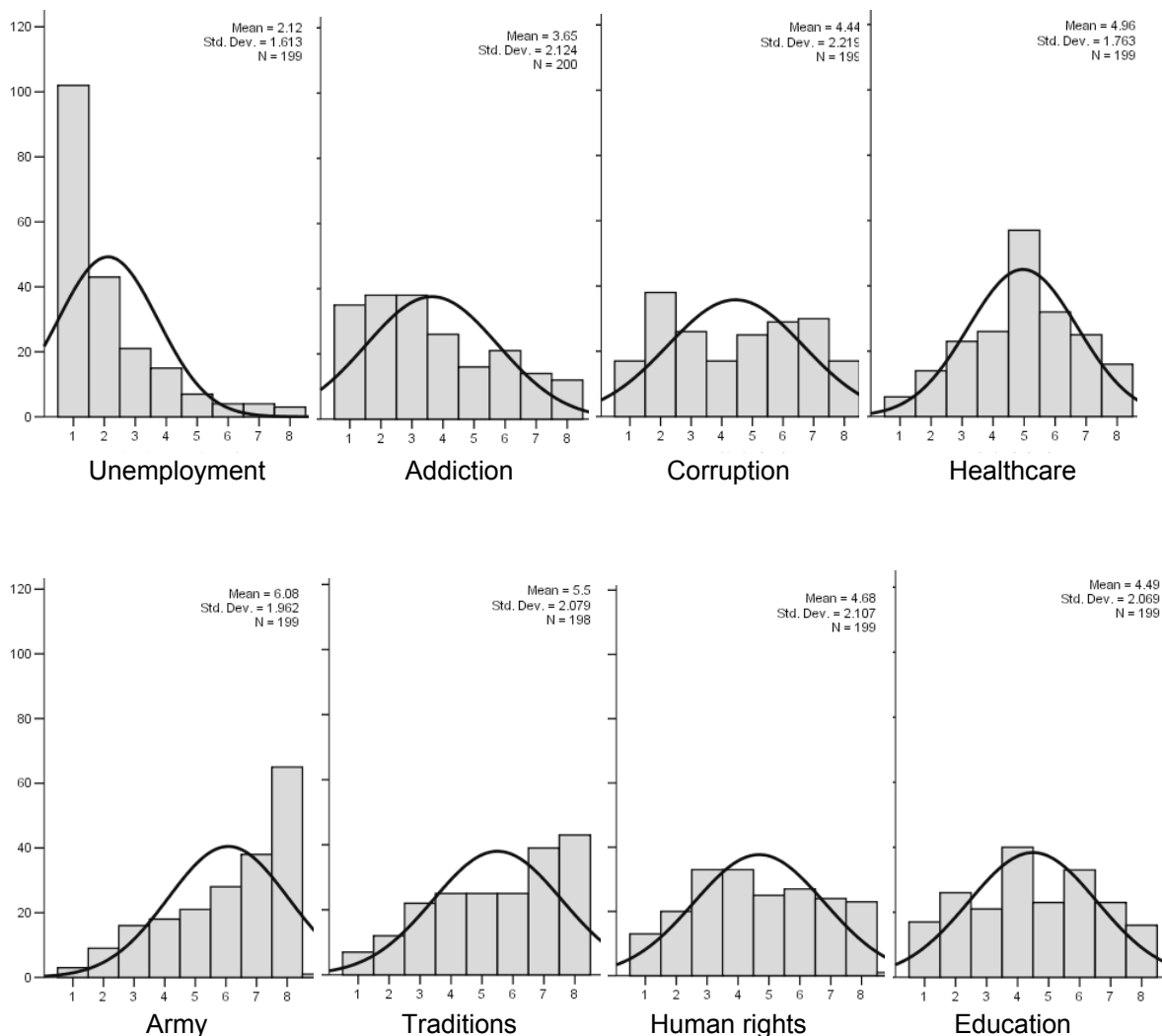
Answers to Question 1, i.e. the public priorities were organized as follows:

KODE	ISSUES	"ATTRIBUTED" PLACE
K1_1	Unemployment	1
K1_2	Drug addiction	3
K1_7	Education of future generations	4
K1_8	Public healthcare	5
K1_6	Human rights	5
K1_3	Corruption	5
K1_5	Maintenance of traditions	6
K1_4	Strengthening the armed forces	7

ANTI DRUG STRATEGY OF GEORGIA

As we see, next to employment, drug addiction is a priority issue for the population. Strengthening armed forces takes the last place.

It should be mentioned that drug addiction as a problem, despite the third "attributed" place, comes second among the priorities listed by us. But the answers are scattered (see the charts). This means that in relation to other priorities (unemployment, strengthening armed forces, public healthcare) the population has a clear-cut opinion. The public opinion on the priority of drug addiction is conflicting.



The center-suburb factor proved to be significant in terms of priority. If drug addiction in the center took mostly the third or, on the average, the fourth place, in the suburbs it most often was in the first and, on the average, in the third place.

Proceeding from the above, we infer: it is necessary to work towards forming an unequivocal, unified opinion on the problem of drug addiction. What the condition our country is, it may not come on top of priorities but the unity of

ANTI DRUG STRATEGY OF GEORGIA

mind will considerably promote the public involvement in the anti-drug effort and the drive will gain both qualitative and quantitative support from the public.

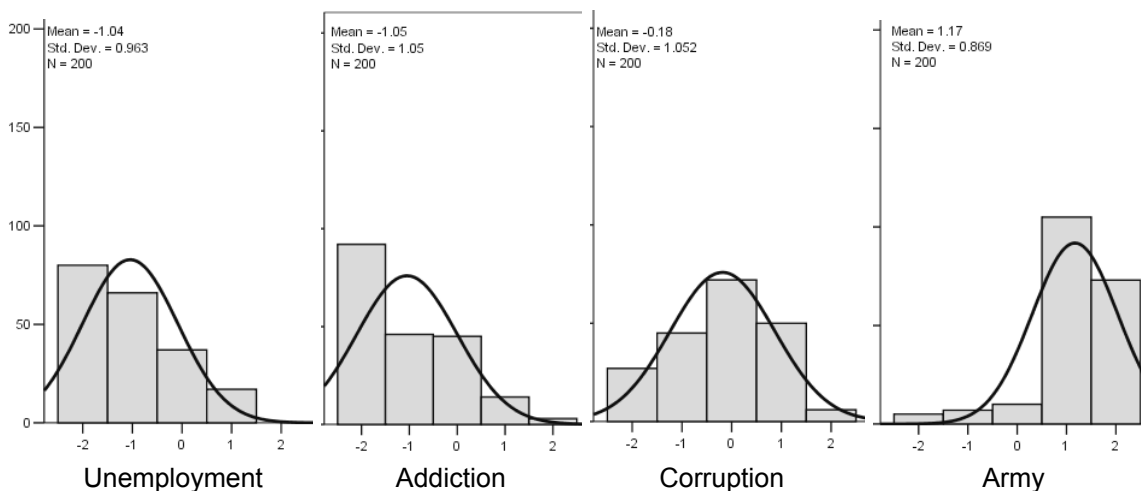
Answers to Question 2, i.e. the society is of the following opinion on the improvement or deterioration of topical issues:

KODE	ISSUES	"ATTRIBUTED" PLACE
K1_2	Drug addiction	-1,05
K1_1	Unemployment	-1,05
K1_5	Maintenance of traditions	-0,60
K1_6	Human rights	-0,37
K1_3	Corruption	-0,19
K1_8	Public healthcare	-0,19
K1_7	Education of future generations	-0,39
K1_4	Strenghtening the armed forces	1,17

As we see, on the aggregate, "drug addiction" and "unemployment" are the most worsened problems.

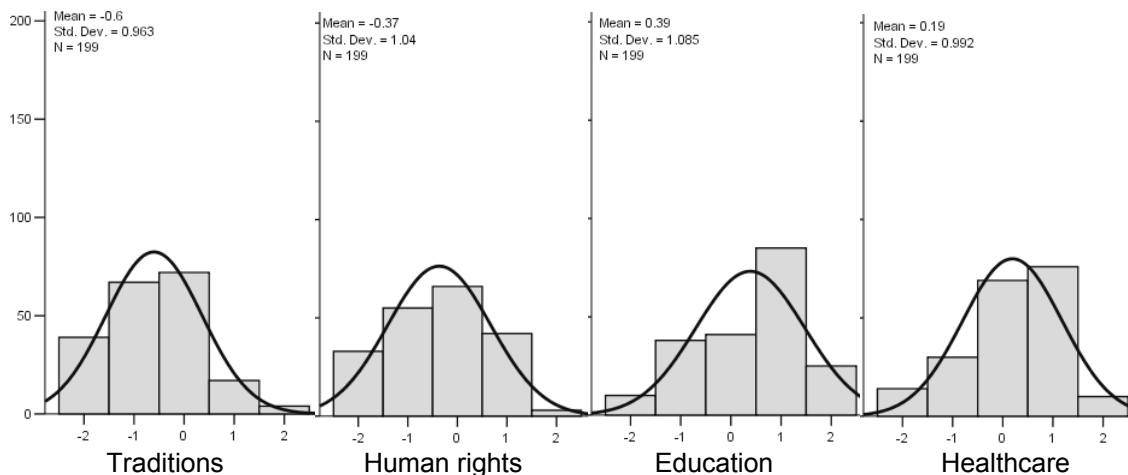
Progress according to the answers is mostly ascribed to "strengthened armed forces". According to an averaged opinion of those surveyed, improvements were made first in "education of future generations" and then "public healthcare".

Now let's take a look at the distribution of the obtained answers for each of the problems:



ANTI DRUG STRATEGY OF GEORGIA

Even at the first glance it is obvious that according to "fashion", i.e. the most frequent answers, drug addiction and unemployment get negative and in both cases "significantly deteriorated". It should be stressed that peak on drug addiction is considerably higher. **This means that majority of those surveyed agrees with the idea that "the drug addiction situation for the last year has significantly worsened in Georgia".**



It is interesting to notice the correlation between progress-regress and priority. We should conclude that a significantly worsened and, at the same time, naturally pressing issue, is perceived as a derived problem among the population. This means that the worsening problem of drug addiction is the consequence of other social or material problems. Subsequently, the recommendation we made in analyzing the first question must be added: **drug addiction as a problem dangerous for the society and risky for the State must have its own position in a public cognitive area and separated from other problems, whether social, material, spiritual, cultural or others.**

Questions 3 and 4 should seemingly put the listed categories (approaches, principles of action, solutions, etc) in one continuum but in fact this is not the case. One and the same may be a cause for both deterioration and improvement of the situation. They are seen in complexes and only these complexes have some quality and sign in relation to a particular situation. As our goal is to liaise with public, we are discussing not the complexes in an objective reality but the situation arising in the cognition of the respondents and the complexes perceived in relation to it.

Let's see the complexes that our society showed during the survey.

ANTI DRUG STRATEGY OF GEORGIA

Question 3

Causes for deterioration of the situation	Non-named causes for deterioration of the situation
Every strcuture does their job in their own fashion	Coordinated/harmonious action
Conducting a reform	Involvement of whole society
Passive society	Attention from the press
Reshuffled personnel	Creative approach
Copying the foreign experience	Involvement of local specialists

Question 4

Causes for improvement of the situation	Non-named causes for improvement of the situation
Conducting a reform	Old/traditional approach
Involvement of foreign specialists	Old personnel
Tightening laws	Liberal approach
Government initiative	Passive society
Is priority for the government	Every strcuture does their job in their own fashion
	Softening laws
	Ignorance from the press
	Shrouding the process in secrecy
	Other
	Is priority for the government

As the tables show, here, too, "conducting a reform" is in the chosen approaches. It is clear for the people that if there is a problematic issue, conducting a reform is an axiomatic act (reform is conducted in both cases, whether deterioration or improvement). The reform as such implies changes. In other words, in the opinion of people, if we want to do something, **the reform is necessary**. If not, this means nothing is being done. However, people think that just conducting a reform does not mean success at all. What counts is how the reform is conducted.

Now let's see the difference between the answers to Question 3 and to Question 4. "Abroad" is a factor here, too, but with a difference that not their experience is copied (experience cannot be copied). Rather, foreign specialists (live experience) are

ANTI DRUG STRATEGY OF GEORGIA

involved in the matter. In this case, the society is actively involved in the settlement of a problematic issue. As for the government initiative and also the priority for the government, this is the *sine qua non* without which the population can't imagine anything can be done in Georgia. The press (media) is also actively involved in the issue and highlighting the matter is relatively simple (there are foreign specialists, the population and government are interested, no one tries to shroud the processes in secrecy).

Answers to Question 5 are rather scattered – statistically only these five can be singled out. In other words, lack of the unity of mind is still a problem.

Approaches used	
Tightening laws	
Attention from the press	
Active involvement of the society	
	Approaches not used
	Old personnel
	Other approaches

Proceeding from the answers given, we can say that, in the opinion of the respondents, the process is planned right. However, we must not forget the conclusions made on the basis of previous questions – one that "the situation has worsened significantly" and the other that "drug addiction is a derived problem; it is based on other problems". Thus, in the opinion of the population, no matter how well we plan and implement the anti-drug policy, we can't obtain results unless we address the basic problems.

This judgment attests to our recommendation that it is necessary to have rational communication with the society to realize that it is necessary to fight the problem of drug addiction directly and that this problem will not be eradicated automatically by settling other problems. Moreover, unless we take prompt actions to address the problem, the current opinion will fix in the minds of people and the society will always find a reason the existence of which will justify the pointlessness of any anti-drug effort.

The block of Questions 6, 7, 8 and 9 were aimed at studying the readiness and willingness of the society to get involved in the anti-drug efforts. These questions must have shown what and how large is the extent to which a citizen is involved and how the respondent identifies himself with an ordinary citizen.

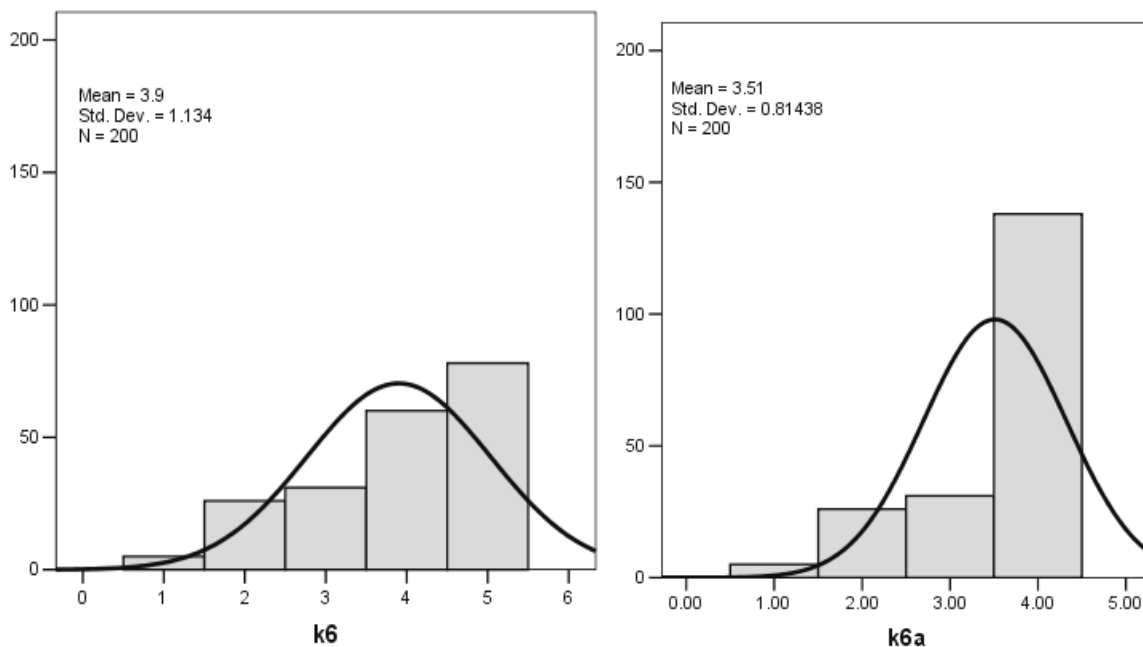
Let's start from Question 6. This question is a scale and concerns transparency of information: From 1 – information is completely hidden from a citizen to 4 – any applicant may obtain information, plus the media highlights the current developments.

Answer 5 cannot fit into the scale; it contains an additional element of "obligation": "all citizens must be well versed in drug addiction issues". Therefore, if we are interested in the attitude towards transparency of processes, we should go this way:

There are two options:

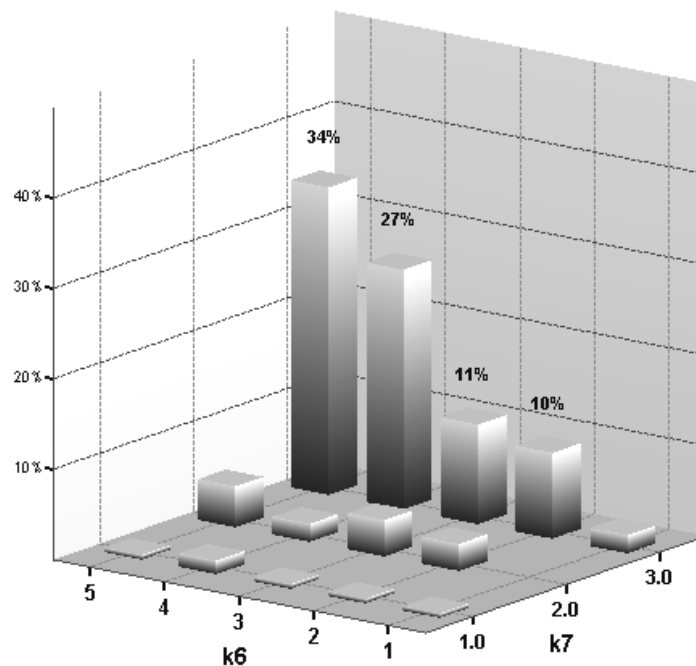
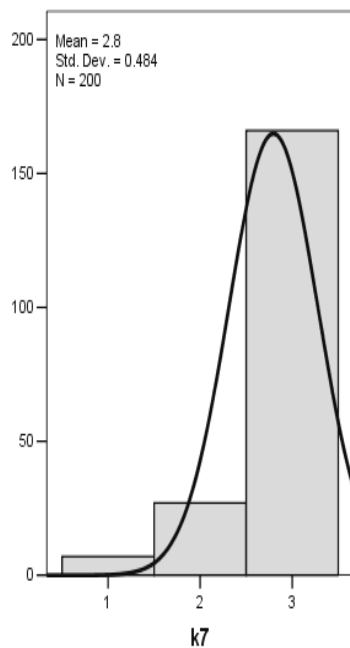
- One – to consider the scale from 1 to 4 and skip 5;
- The other – to sum up answers 4 and 5, assuming that the condition of answer 4 has to be fulfilled to realize the condition of answer 5.

We took the second option to conclude that 69% (138 respondents) of those surveyed is for transparency:



Let's consider Question 7. This question, too, is built on the principle of a scale: from 1 – "it is not an ordinary citizen's job to care for the settlement of the problem of drug addiction in the country" to 3 – "it is the job of every citizen to care for the settlement of the problem of drug addiction in the country".

Majority (83%, 166 persons) of our respondents believe that "it is the job of every citizen to care for the settlement of the problem of drug addiction in the country".



Thus, with these two questions we found out that 34% of the population agrees with the idea: "it is the job of every citizen to care for the settlement of the problem of drug addiction and must be versed in the issue" and that 27% believes that "it is the job of every citizen but it is not necessary for them to be versed in the matter. What counts is that information must be available for applicants and the issue is highlighted by the media (perhaps, not to leave out some important things)".

However, there are those who believe that it is not necessary to be versed in the matter. What counts is to do one's own job. Indeed, it is not necessary for an "ordinary worker" to be versed in architecture.

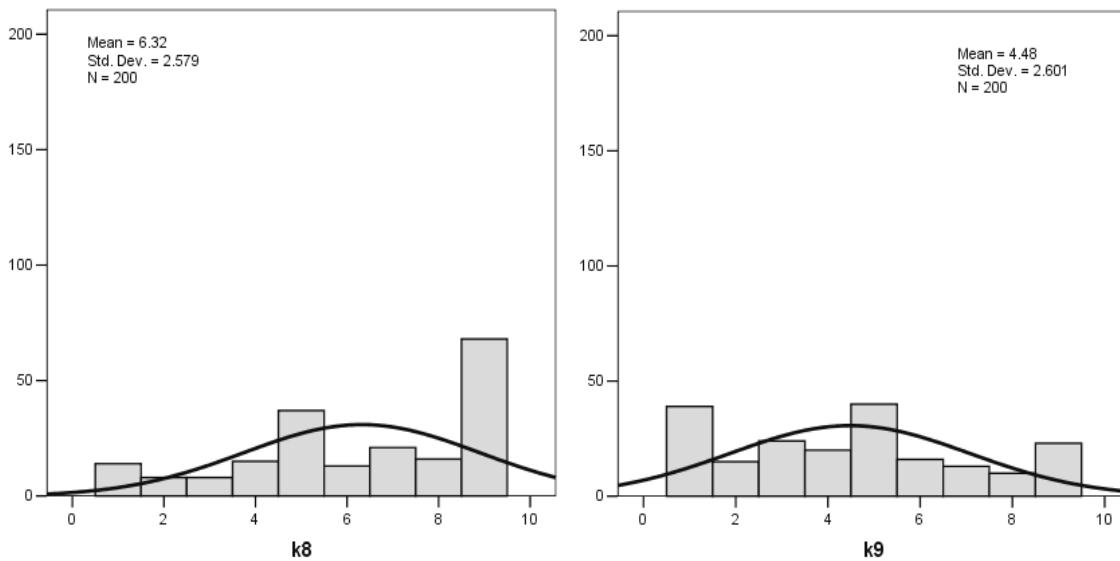
Nevertheless, based on the results, we can unequivocally conclude that in the opinion of the respondents, the society must see to the problem of drug addiction. Moreover, the society is obliged to see to the problem.

Unlike the previous two questions, Questions 8 and 9 concern the respondent, not the society. This is an attempt to find out how much the respondent identifies himself with the society – whether he talks about the society as a separate abstract system with which he has no relation whatsoever and, therefore, it is easy to criticize and assign responsibility on it or the respondent believes he is part of the society and the responsibility carried by the society rests with him as well.

It turned out that unlike with Questions 6 and 7, the respondents vary in opinion in connection with Questions 8 and 9. In this case, it is difficult to single out any important

ANTI DRUG STRATEGY OF GEORGIA

category. The only note that can be made is the opinion that "I am interested in everything that concerns drug addiction" and this is the opinion of only 34% (68 persons) of the respondents. Although one third of the respondents is a significant number but when this 34% is the sum of 16% (I know what I am interested in), 11,5% (interest is unsatisfied) and 6,5% (uncertain), it is getting harder to judge based on these figures. However, a positive correlation between Question 6 and Questions 8 and 9 is confirmed.



Correlations^a

Pearson Correlation

	k8	k9	k6	k7	k6a
k8	1	.129	.306**	.246**	.341**
k9	.129	1	.146*	-.034	.108
k6	.306**	.146*	1	.155*	.926**
k7	.246**	-.034	.155*	1	.152*
k6a	.341**	.108	.926**	.152*	1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

a. Listwise N=200

As the Table of Correlations shows, Question 9 with 99% reliability is positively correlated to Questions 6 and 7. This means we can say with 99% assurance that those who are interested in drug addiction issues believe that information must be transparent and it is every citizen's job to address the problem and those who are not

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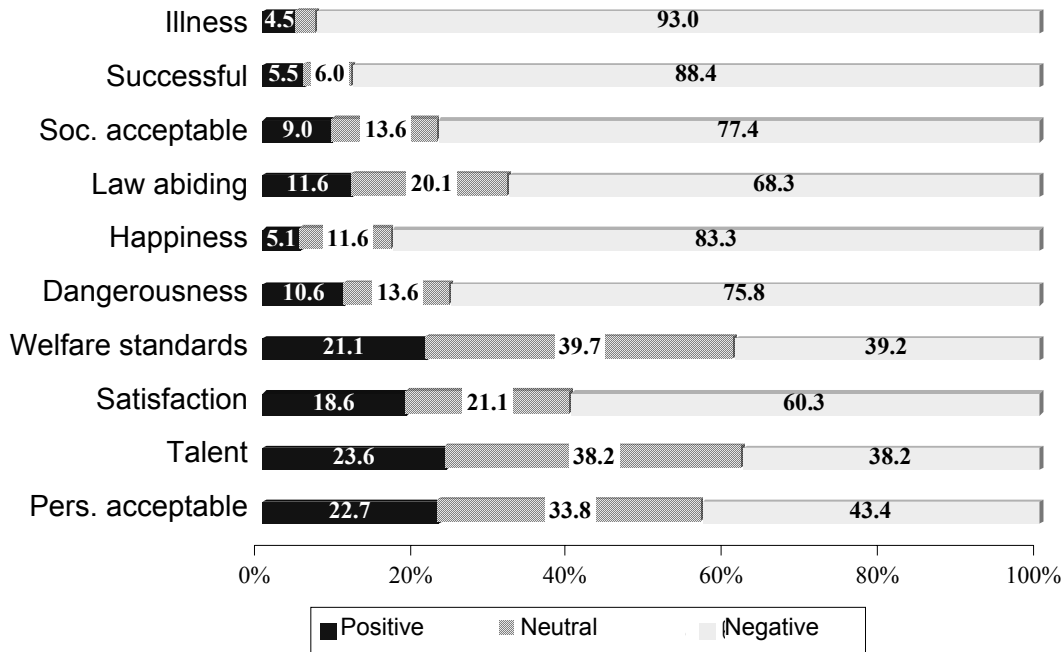
interested, on the contrary, believe that only certain circles must have information and perhaps only these circles must do the job, in any case, not ordinary citizens.

Unfortunately, there is an insignificant correlation between Questions 8 and 9. This means that interest or lack of interest in the problem is not related to the satisfaction or dissatisfaction with knowledge. The distribution of answers to the questions does not enable us to unequivocally conclude whether the society is interested or not interested or whether the interest of the society is satisfied or unsatisfied. It is hard to answer these questions particularly because at this stage communication with the society is hard and disorganized. Besides, it is more emotional in character than informative. Adequate communications entails both of the components.

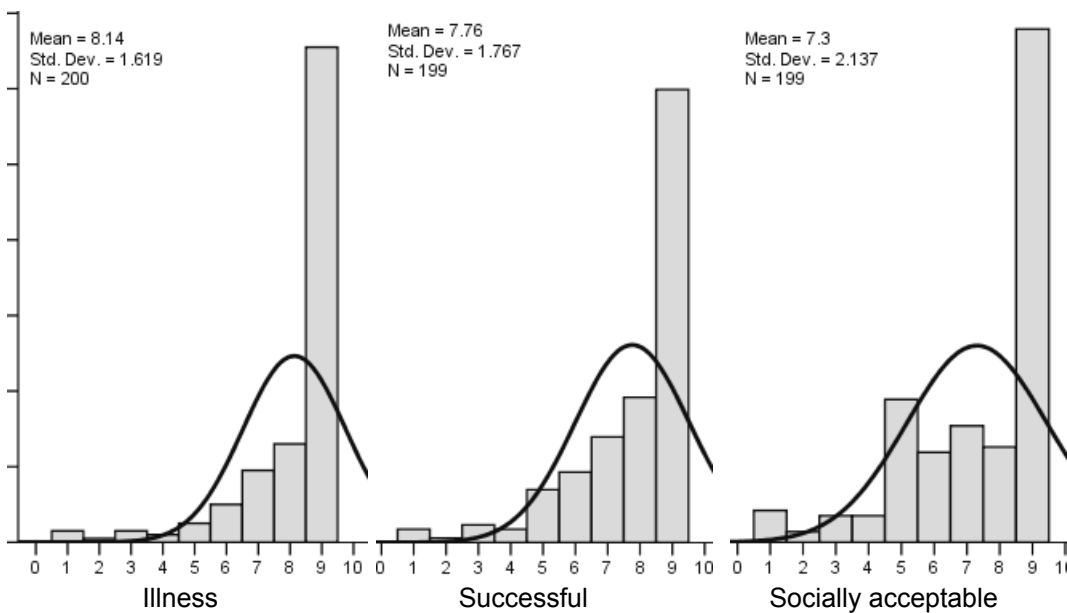
Question 10 consists of the blocks of scales. Each scale is bipolar and has 9 steps. The extreme left pole (1 (scale score (hereinafter SS) has a positive connotation and the other – the extreme right (9 SS) – negative connotation. The scales are divided at 5 SS which means that choosing 5 SS means the rejection of both extremes. A block includes 10 scales and, 20 paired attributes (10 pairs). They are:

▪ Healthy	-	III
▪ Successful	-	Unsuccessful
▪ Socially acceptable	-	Socially unacceptable
▪ Law-abiding	-	Criminal
▪ Happy	-	Unhappy
▪ Harmless	-	Dangerous
▪ Rich	-	Poor
▪ Satisfied	-	Dissatisfied
▪ Talented	-	Dull
▪ Cool guy	-	Snob

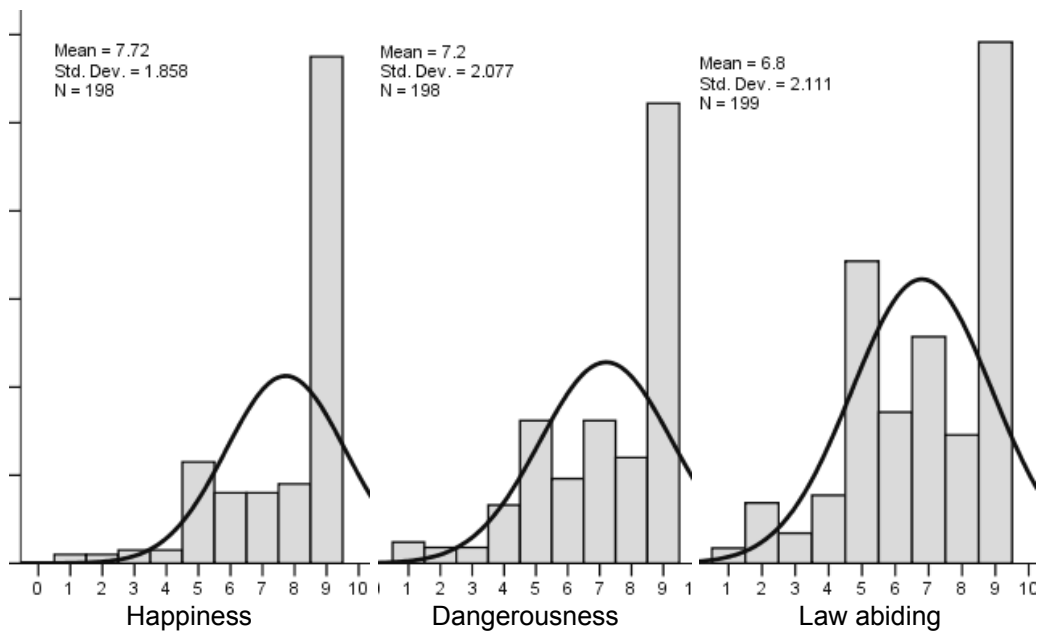
ANTI DRUG STRATEGY OF GEORGIA



If we assume that these attributes are dichotomies (i.e. black and white, with no middle), then, as shown in the diagram, the respondents characterize a drug addict mostly with negative attributes. The exceptions hold with material status (poor or rich), talent (talented or dull) and type (snob or cool guy). Of course, such assumption has a theoretical basis but to get a clearer understanding of the picture, it is necessary to consider the scales in extension.



ANTI DRUG STRATEGY OF GEORGIA



Four scales have to be singled out on which the majority of data are arranged on the extreme right (negative) pole – the respondents regard drug addicts to be invariably ill, unsuccessful, unhappy and socially unacceptable. This characterization can be added with such attributes as criminal and dangerous but in this case the number of those who chose a neutral position increases. The trend is particularly noticeable in the case of criminal.

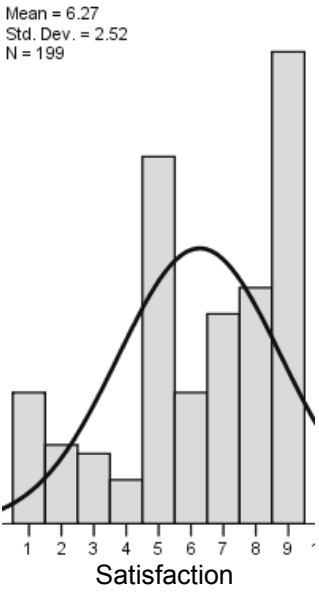
The scale of satisfaction has almost the same distribution but there is some information on the extreme left pole which means that a small but noticeable part of the respondents believes that a drug addict is a satisfied person. The information is rather scattered on the negative sides as well which means the respondents are particularly careful with this attribute. As for the rest of the scales (rich or poor, talented or dull, cool guy or snob), the respondents are divided for both negative and positive attributes but most of the respondents take a neutral stand.

Majority of the scales are in a directly proportional correlation with one another as it must be. Out of the exceptions it is interesting to note that "being a cool guy or snob" is not related to "successful" or "socially acceptable". But at this stage this is not an interesting nuance.

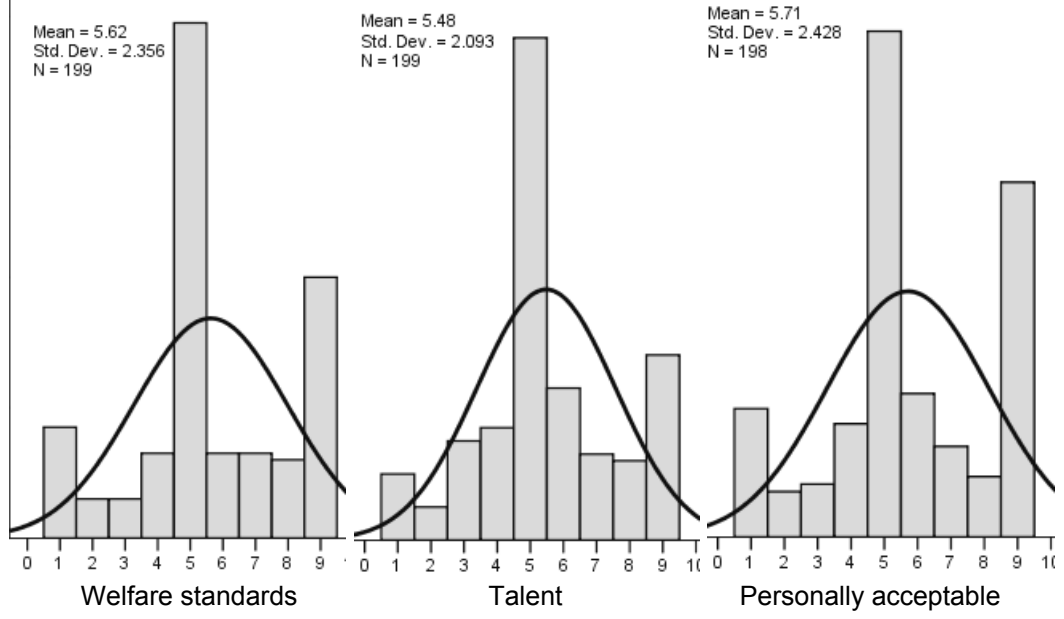
We can unequivocally conclude that the respondents try to ascribe negative attributes to a drug addict and refrain from characterizing them in a positive light. In other cases where a drug addict is hard to ascribe a negative property to, the respondents choose a neutral position which means that in their opinion the given property is independent from a drug addict.

ANTI DRUG STRATEGY OF GEORGIA

	Illness	Successful	Soc. acceptable	Law abiding	Happiness	Dangerousness	Welfare standards	Satisfaction	Talent	Pers. acceptable
Illness	.000	.506**	.324**	.154*	.391**	.277**	.080	.110	.050	.163*
Successful	.506**	1.000	.373**	.160*	.415**	.275**	.244**	.188**	.209**	.098
Soc. acceptable	.324**	.373**	1.000	.317**	.368**	.515**	.227**	.149*	.166*	.132
Law abiding	.154*	.160*	.317**	1.000	.248**	.337**	.221**	.108	.174*	.191**
Happiness	.391**	.415**	.368**	.248**	1.000	.314**	.180*	.220**	.108	.188**
Dangerousness	.277**	.275**	.515**	.337**	.314**	1.000	.246**	.199**	.212**	.145*
Welfare standards	.080	.244**	.227**	.221**	.180*	.246**	1.000	.394**	.242**	.260**
Satisfaction	.110	.188**	.149*	.108	.220**	.199**	.394**	1.000	.164*	.315**
Talent	.050	.209**	.166*	.174*	.108	.212**	.242**	.164*	1.000	.247**
Pers. acceptable	.163*	.098	.132	.191**	.188**	.145*	.260**	.315**	.247**	1.000



**Correlation is significant at the 0.01 level (2-tailed).
 *Correlation is significant at the 0.05 level (2-tailed).



Questions 11, 12, 13 and 14 must have shown whether a respondent has a certain position for or against a drug-free lifestyle, whether he would offer something of his own or answer in a corny way. Both of these versions of the answers have positive as well as negative aspects.

It turned out that the respondents give quite familiar corny expressions. It should be stressed that it does not concern the intellect of the respondents or their indifferent attitude to the issue. The survey of such person does not enable the respondent to "fully show up" himself. That what is the need for these questions?

ANTI DRUG STRATEGY OF GEORGIA

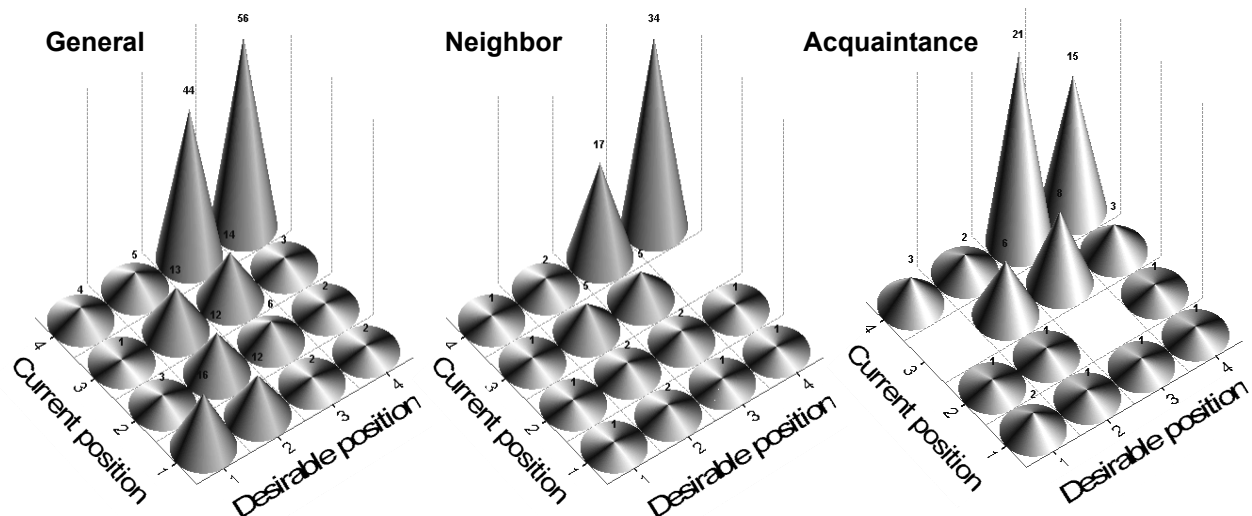
Let's consider the result: as we have mentioned, we have one basic corny expression which is used in all the four different situations. This is "no... and that's all" said with a serious expression and in a didactical tone.

All of this means that there is no discussion in the society on the issue. The main cause of no discussion is the so-called tabooing of the topic of drug addiction. However, against the scales of drug addiction, the topic must be and is quite popular. But where is there no discussion? The only reason for that lies in the deficit of information or discussion material that is only limited to the specific examples of such corny expressions as "twisted life", "doomed genius" and so forth.

The provision of ample or diverse information does not in itself solve the problem. It is necessary to find the emotional-rational framework that will occupy a designated place or position in the cognitive area of the society

Answers to the first part of Question 15 were distributed as follows. It turned out that majority of those surveyed mentions a neighbor or acquaintance.

	Quantity	Percent
Relative	24	12,3
Friend	19	9,7
Colleague	9	4,6
Neighbor	67	34,4
Acquaintance	76	39,0



ANNEX 2

QUANTITATIVE STUDY INSTRUMENT

QUESTIONNAIRE

1. Please prioritize the issues listed below according to the necessity for their **settlement** (put number 1 to the issue that must be addressed in the first place and number 2 to the issue that out of the rest must be addressed in the first place and so on up to 9).

2. In your opinion, how the situation in relation to each of the issues has changed for the last year?

	Worsened significantly	Worsened	Remains the same	Improved	Significantly improved
1. Unemployment	-2	-1	0	1	2
2. Drug addiction	-2	-1	0	1	2
3. Corruption	-2	-1	0	1	2
4. Strengthening the armed forces	-2	-1	0	1	2
5. Maintenance of traditions	-2	-1	0	1	2
6. Human rights	-2	-1	0	1	2
7. Education of future generations	-2	-1	0	1	2
8. Public healthcare	-2	-1	0	1	2
9. Other (what you mentioned in Question 1)	-2	-1	0	1	2

ANTI DRUG STRATEGY OF GEORGIA

3. Choose the most priority issue out of those which you think has worsened significantly (other than drug addiction) and indicate five main causes for deterioration in the table below:

1. Conservative approach
2. Tightening laws
3. Old personnel
4. Conducting a reform
5. Active involvement of the society
6. Attention from the press
7. Involvement of foreign specialists
8. Responsibility of specific individuals/structure
9. Coordinated/harmonious action
10. Additional funds have been allocated/raised
11. Is priority for the government
12. Government initiative
13. Only specialists are involved
14. Transparency of the process
15. Creative approach
16. Liberal approach
17. Softening laws
18. Reshuffled personnel
19. Old/traditional approach
20. Passive society
21. Ignorance from the press
22. Involvement of local specialists
23. Joint responsibility of government authorities
24. Every structure does their job in their own fashion
25. Funds have been used effectively
26. Not priority for the government
27. Initiative of the population
28. Involvement of whole society
29. Shrouding the process in secrecy
30. Copying the foreign experience
31. Other

4. Choose the most priority issue out of those which you think has improved significantly (other than drug addiction) and indicate five main causes for improvement in the table below:

5. Which approaches should be employed to fight the problem of drug addiction in Georgia?

6. **How informed do you think an ordinary citizen must be by the state on the solutions to the problem of drug addiction?** (choose one answer)

1. Information must be available for a government official only;
2. Information must be available for both government officials and specialists;
3. Any applicant must be able to obtain information;
4. It must be impossible for any applicant to obtain information and at the same time the media must highlight these processes in a popular language;
5. All the citizens must be versed in the problematic issues related to drug addiction.

ANTI DRUG STRATEGY OF GEORGIA

7. Caring for the settlement of the problem of drug addiction in the country:

- Is not the job of an ordinary citizen;
- Is the job of interested persons only;
- Is the job of every citizen.

8. How interested are you in matters related to drug addiction?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
I know all that interests me _____ Completely unsatisfied _____

9. How satisfied is your interest?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
I'm not interested _____ in anything _____ I'm interested in _____ everything _____

10. Where would you put a drug addict on the following scale?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
Healthy _____ I! _____
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
Successful _____ Successful _____
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
Socially acceptable _____ Socially unacceptable _____
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
Law-abiding _____ Criminal _____
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
Happy _____ Unhappy _____
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
Harmless _____ Dangerous _____
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
Rich _____ Poor _____
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
Satisfied _____ Dissatisfied _____
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
Talented _____ Du! _____
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9
„Cool guy“ _____ „Snob“ _____

11. What made you say no to drugs?

ANTI DRUG STRATEGY OF GEORGIA

12. What would you tell an adolescent who has not tasted a drug?

13. What would you tell a person who uses drugs from time to time?

14. What would you tell a drug addict?

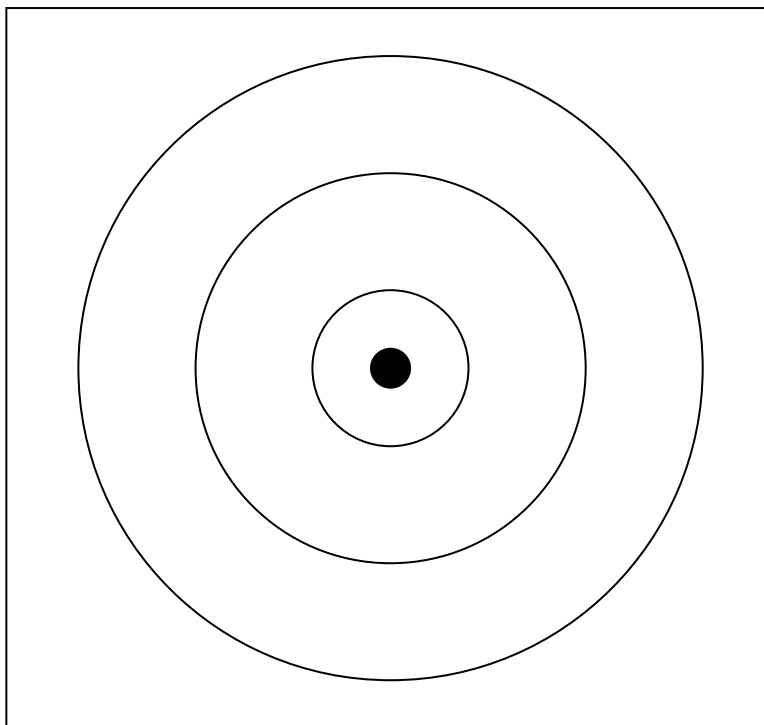
15. Please remember a drug addict, (pause)

1. Which of the below-listed categories would you attribute him to?

1. Relative
2. Friend
3. Colleague
4. Neighbor/resident of the same area
5. Acquaintance

2. Please indicate on the chart below where you'd put that person according to closeness to you if you are in the center of the chart. (Pause)

4. Please indicate with an arrow where you'd like this person to be.



ANNEX 3

SURVEY OF DRUG USERS

RESULTS OF THE QUALITATIVE STUDY

TBILISI

2005

Technical information

Study methodology

For the study we employed a group discussion method of qualitative study. In 2005, 4 focus group discussions were held in Tbilisi in connection with the spread of drug addiction. The discussion questionnaire was developed by members of the Advisory Council on Drug Policy. Discussions were held on the bases of the Research Institute on Addiction and BEMONI Clinic.²⁰ The approximate duration of one group was 120 minutes. The audio-recording was made.

Goals of the study

The goal of the work of focus groups was that drugs users:

- Make a general overview of the problems of drug addiction;
- Identify incentives to the spread of drug addiction;
- Identify incentives to the drop of drugs;
- Establish the attitude of friends, family members, police and church towards drug users;
- Determine the effectiveness of the activities of narcological services;
- Determine the drug policy.

Respondent selection criteria:

1. The following were selected as target groups for the study:
Group I: age of respondents – from 18 to 25 years (2 discussions);
Group II: age of respondents – over 30 (2 discussions).
2. Sex of the group participants – male;
3. All the males taking part in the group work are drug users (in all, 31 respondents).

²⁰ The study was conducted in cooperation with Alternative Georgia - Non-Governmental Organization that is carrying out the project with the financial support of Open Society – Georgia Foundation.

Main part of summary

1. GENERAL OVERVIEW OF THE PROBLEM OF DRUG ADDICTION

1.1. Spread of drug usage

In the opinion of the discussion participants, drug usage has become rampant in Georgia. Majority of the respondents believe that 70-80% of youth, including males, and 20-30% of females are addicts. It was also mentioned that boys and girls use drugs equally: "age has decreased and then sex as well – men and women go fifty/fifty".

1.2. Age of drug users

According to the respondents, the age of active drug users ranges from 16 to 40 years. However, the age at which one experiments with drugs has lowered: "4-5-graders who take up using drugs experiment with marijuana". Children use ecstasy at the age they start going to discotheques. Injection drugs are experimented from 15.

1.3. Distribution of drug usage according to social groups

In the opinion of the respondents, drug addiction now is rampant in every social class in Georgia from "young lazybones" to the representatives of the intelligentsia, politicians and parliamentarians". Street children practice inhalant abuse. "You need no money for glue"; "therefore, little children, waifs and straits and "help me, sirs" sniff glue". Those who have money get Subutex (buprenorphine), costly and well-processed drugs."

1.4. Social environment of drug users

In the opinion of the majority of the respondents, drug users have contact with invariably all social classes of the society. There is no part of society that would refuse to socialize with them for this bad habit. Drug users have contact with:

- "Friends";
- Drug dealers;
- Police;
- Doctors;
- Family;
- Street;
- Those of their sort.

1.5. Causes of experimenting with drugs

In the opinion of the respondents, people start using drugs for a few reasons. These are:

- Having nothing to do;

- Desire to experience pleasure;
- Imitation – "to just fit in the street";
- Friends, circle, environment, street – "the circle is a major factor. Willingly or unwillingly you become like those who you are with the same circle – they offer – you inject it, they don't – you don't";
- Desire to taste a "new fruit";
- Desire to be liked by those around you;
- Taking after others;
- Illusion of a "cool guy" – "I tasted it because I felt like I wanted it, then I liked it. I like to see others going freaking, I thought it was being a cool guy. Some take after others in experimenting";
- Interest, curiosity;
- Lack of will.

Taking up drugs at a school age is prompted by:

- Desire to fit in;
- Following suit, a certain kind of being in fashion.

Incentives in a bit older age are:

- Desire to flee from daily social problems;
- Having nothing to do;
- Unemployment;
- Lack of self-realization means.

"If a talented person with leadership skills fails to use these skills in anything finds self-realization in drugs. It was here where he was needed because he was smarter, cleverer, and more creative, he got more here."

In the opinion of the majority of the respondents, the collapse of the existing system, uncertainty and lack future played a particularly great role in pushing their generation to take up drugs.

"There was no education, no electricity, nothing, we were out in the street, and we were the victim of the time. Potentially, there are many good engineers, good doctors sitting here. The years in the period where we must have found and realized ourselves have gone as a horror".

"We are a lost generation. Our train has passed and will not come back."

Both taking up and dropping drugs dependent considerably on the person: *"it depends on a person – what kind of person you are, whether you have the will and ability to think;" "No matter how many doctors I go to for help, if I don't want, it'll be pointless".*

1.6. Incentives to the spread of drug addiction

According to the members of the group, the main incentives to the spread of drug addiction in Georgia are:

1. Location and unprotected borders of Georgia: "Georgia is located at the place which is a very fatty piece for drug business, drug transit," "in fact, the country has no border".
2. Besides, the respondents believe the following factors also account for the spread of drug addiction:
 - Unemployment or having nothing to do are one of the main incentives for young people to take up drugs;
 - There are no means to help drug addicts and those, which are available, are too costly for majority of drug users to afford;
 - In their opinion, in most cases, the State is inert.

"I think the incentive is the fact that no one prevents the circulation of drugs".

1.7. Constraints to the spread of drug addiction

In the opinion of the majority of the respondents, the spread of drug addiction in Georgia can be contained by:

- First of all, implementation by the state of a vigorous and wholesome anti-drug policy:

1. Opening free treatment institutions or setting low treatment prices;

"The State must open clinics in every populated area to help people break free from this harmful habit if the government wants this country to develop".

"There must be clinics funded by the State".

"Sponsors must be attracted to invest money for treatment".

2. Clampdown on drug smugglers and dealers.

"Drug dealers must not be tolerated as they sell poison".

- Addressing the problem of unemployment (unemployed young people was named to be one of the major incentives for the spread of drug addiction).

- Education (providing the youth with qualified information on drugs).

"Education, they should start teaching from school that it is wrong, it is no good".

- An aggressive anti-drug propaganda designed for the future generation, *"anti-drug effort must be the focal and constant point of discussion at school, on TV and in newspapers".*

"Young generations must be raised with the ideology not to touch drugs. Just like it used to be when they showed single-hand and single-foot children of drug addicts".

"There are both black and white. When you show black to the child, he can compare it with white. There is goodness as well as evil. That's how drug

addiction must be depicted to help future generations see the difference and not repeat the mistakes made by the previous generations."

➤ Molding a negative and intolerant public opinion on drug users.

"It is necessary to fight a fierce fight against drug addiction, not a physical fight but a fight to help the society develop common sense that drug addiction is unacceptable, that it is a disease".

➤ Creating jobs

"Jobs must be created to help young people find employment and realize their potential as one is an absolutely failed individual today".

➤ Revival of sports and arts

One respondent said the State, the entire nation and society must close ranks and stand united in the fight against drug addiction.

"Proletarians of all countries, unite!" – Georgia must think of something of this sort concerning drugs so as for the whole nation to have a common goal.

1.8. Viewpoints on legalization of drugs

According to a small part of the respondents, legalization of drugs is the constraints to the spread of drug addiction in Georgia:

1. Legalization will result in the formation of drug addicts into a separate cast, drug addiction will shift to the lower classes of the society and they will be cast out by all.

"They are everywhere, in all social classes. They are everywhere. I don't know of any class they are not in. If you are dubbed a drug addict, this means you can never get a job. You can get nothing".

"Legalization is necessary. Because the social status will be such that won't be satisfactory for many and will therefore try to drop drugs".

"Legalization must be. Then it would no longer be a matter of "being a cool guy". Drugs will be available everywhere. You get there and they will look at you as to an ill person, not as to a "tough guy"".

2. If drugs are legalized, this generation will be lost but will be a lesson for the generations to come.

"Drugs must be legalized. Whoever is to be doomed, must be domed. Those who realize it, realize, those who not,".

3. One of the interviewers on TV meant a substitution program. To the contrary of this program it was said that according to the Georgian experience, such program will promote not reduction but increase of the number of drugs addicts.

Basically, there were anti-legalization opinions:

"Why do we need legalization? To doom more young people?"

"Can legalization be allowed in our country? Don't you remember Tramadol (tramadol)? What happened? Even children of 12 started".

"How can you talk about legalization in Georgia when people drink Vodka that costs 2 GEL and at that time you legalize drugs that has an amazing effect and you know you are not going to die, it is not going to poison you? Imagine how many guys are dying of Vodka. Imagine what would happen when drugs appear. It can't be!"

2. FRIENDS

In the opinion of the majority of respondents, a circle of friends has a tremendous influence upon an individual and determines whether he will take up or drop drugs. The individual is part of the group where he spends most of his time and directs his conduct by imitation and following suit.

"In my opinion, a circle of friends influences both taking up and dropping drugs. It just depends on what kind of friend you have and what relationship you have with him".

"We are together and simply life like lives".

Gradually, the circle of friends of drug users narrows and they have daily relation with the friends who also use drugs. There are a bunch of lies in this relation. *"Drug friend is no friend".*

If a person is already dependent on drugs, it is in vain to advise him to find a sober friend or press him into dropping it. *"They can't do anything except making the drug addict hate you".* However, if the drug user friends decide together to drop it, they can help one another in the implementation of this decision.

In the opinion of the group members, the attitude of friends to drug users varies. In some cases, *"friends do not change attitude and accept one as one is".* *"Some feel sorry for a drug addict".* Sometimes, though, the attitude of friends become hostile and they declare war to the drug user: *"Now they are increasingly cast out. Even the guys at 18-19 distinguish between and break up friendships".*

3. FAMILY

In the opinion of respondents, the attitude of family members towards drug users is negative. There is an endless fight in all the families of drug addicts. Family members spare no effort to help the drug addict but are basically powerless in their attempts to help the drug addict drop the habit.

"The attitude of family members is negative. There is a constant fight. My wife has done everything. Let alone other things she did, she left me four times but what?"

"Mother's hysterias and father's pressures are wrong, they produce a negative result".

A more careful approach, persuasion, support and being around are needed.

According to the opinion of the group members, family members can help a drug addict by convincing him that drug abuse is destructive, by creating certain obstacles,

problems, even by withholding funding – *"they should rather tell you something that may make you think twice", "you must face certain obstacles to feel discomfort".* But fights are to no avail: *"if they fight you, you may get angry and do worse".* Family members can take the drug addict to clinic for treatment.

Family members basically argue with the drug addict for two reasons: drugs are dangerous for life and a thing of shame. *"It is this way all over the world. Even in Holland that is the country of drugs they know that a heroin addict is a disdainful tramp".*

In the opinion of the respondents, the family may inadvertently prompt its member to take up drugs. Among those named as family incentives are: lack of parental attention and spoiling with money in childhood, having too much spare time, stress caused by the loss of a family member, and insincere relationship between the child and parents. *"If you are too didactical, the child will shut you out of his life;"* abuse of drugs by the parent – *"he learned his father did and he too, did it out of spite".*

4. POLICE

In the opinion of the group members, in the near past, a drug addict was the source of income for the police. The current position of the police is stricter and lawful – they won't search you for no reason but if they find you have it, money won't work. *"They used to accept money before but things are different now. Now there is a fear syndrome, you avoid them. Perhaps the rules must be more tightened".* Nevertheless, the police are not doing much to address the problem as they do not fight drug dealers the way they should.

In the opinion of the respondents, the only thing that has changed in the police pattern of work is that drug users no longer have to pay money to them.

"Drugs have been taken the same way. Nothing has changed on this front. It is just that when they took drugs, they had to pay money for that. Now they no longer stifle us. You still do it. It was just terrible when you injected drugs and then injected to those who were supposed to control you".

A few respondents believe that the number of drugs users has soared up because the fear factor that used to work before (you feared you'd get caught while under the influence of drugs) has abated.

"I think it's even more terrible now. You used to fear before you'd get caught. Now things are different. Now anyone can duck in the entrance of the building and inject drugs there".

"We used to fear before – you avoided everyone to do it, fearing you'd get caught. Now you can get it freely, get out and take it openly so that there is no one to slap on the wrist".

The respondents were divided over the fear factor. One part of the respondents believe the problem could not be solved by throwing drug users into prison. They said the

optimal solution was to put drug addicts under compulsory therapy courses in hospitals.

In order for the police to promote the settlement of the problem of drug addiction, the group members believe *"the police should not be chasing after users. Rather, they should go after dealers," "dealers must be severely punished"*.

In the opinion of the respondents, the police must crack down on drug dealers, equating them with killers, and put the users on the file, commit them to hospital and then check up on them from time to time to see whether he resumed using drugs. If they are found on drugs again, they must be subject to a heavy pecuniary penalty or committed to a lunatic asylum. If the police ascertain that the drugs have been dropped for a year, the person must be removed from the file and be allowed to switch back to normal life again.

The police attitude toward the user must be as toward a patient. The police must bring the user to hospital, not to prison. Although the fear of punishment may play a considerable role, the current prison is the place where drugs can be taken: *"the individual who can't so far be treated, may get addicted to drugs in prison so as to never break away from it;" "you get out of our prisons worse than you used to be – if you entered there as a drug addict, you get out of it as a drug addict plus a robber"*. The attitude toward users must be the same as it is in Holland – *"when an individual is first identified, the policeman will point to a tramp and tell the individual: if you do it, you'll end up like him. You want it?"*

5. DRUG SERVICE

5.1. Treatment

In the opinion of the respondents, the current performance of Georgian addiction services is insufficiently adequate and too costly. Majority of the respondents had had experience with various addiction services and were dissatisfied with the treatment methods.

The respondents wish to have treatment services in Georgia:

- First of all free;
- With maximum comfort.

"I believe that it must be free of charge in the first place. Funds for a drug addict must be allocated by the State. Drug addicts must be treated free of charge. There are many drugs addicts who can't afford good medical care and know they are not going to have money for that any time soon." "He'd rather get 20GELi a day, do something wrong, act raw just to satisfy himself." "There must be a good large free clinic".

According to the participants in the discussion, there must be free state-run treatment institutions where treatment is not anonymous. Anonymity may be observed in private clinics.

"I'll add one more thing that if there is a large clinic funded by the State to treat ill persons, the treatment in the clinic where you get on the file must not be anonymous. The society should know who you are. The attitude of the society must be that you are a addict, that's it".

"Anonymity may be observed in some clinics. A client can be given the guarantee of confidentiality. But in the clinic where the State tells you – I'm bearing the treatment costs, pay your money, I'll control your life, everyone there should shed light on their lives".

After detoxification, clinics should provide individual and group psychological assistance.

Besides, there must be 24-hour consultation service in all the regions of Tbilisi available for everyone. It should also be mentioned that there is no adequate material base to establish the addiction service that will settle the problem of drug addiction in Georgia – the State cannot afford as much as is necessary.

In the opinion of the group members, apart from detox clinics there must be drug intoxication examination centers as well. "But impartial and objective". If done in compliance with all the rules, even the Methadone program may work.

5.2. Rehabilitation

The majority of the respondents wish to have rehabilitation centers:

- Free of charge;
- Convenient, offering maximum comfort and equipped with a pool, a sauna and a training hall.

The majority of the respondents believe that if rehabilitation centers are to work effectively, they should be located in the downtown so that "no one is detracted from getting there". Treatment must be confidential and it must be "in fashion, popular" to get into the rehabilitation center.

"We are Georgians and we all know that Georgia is the country of gossipers, arrogants and swanks. Even the youth is of this sort and when rehabilitation centers become unpopular, something to sneeze at, no one will go there".

Others believe that rehabilitation centers must be located out of town *"not to have daily contact with the community you are trying to break away from".*

Points were made that rehabilitation centers must promote realization of an individual's potential: *"they must be equipped with beautiful bowers, decks and fitness halls.*

Whatever you are good at – carving or other trade – you must be busy doing it". Contrary opinions were also voiced – people who don't want to advertise their problems will not apply to such centers. "It is no longer anonymous. If all know what this center is about, the anonymity of those in there is broken".

6. CHURCH

In the opinion of a large part of the respondents, the church plays a significant role in the settlement of the problem of drug addiction as it *"adds spiritual strength and gives psychological assistance to those who are church-goers"* but *"it depends on an individual's faith"*. In the opinion of the participants of the discussion, the church helps many young people drop drugs: *"I've seen many who got corrected by the church and many go there but mostly young ones. We, the older ones, are more like atheists"*.

There are many cases where a person who has returned to the city after living for a few months in the monastery has renewed drug taking. *"I know those who run to the monastery, pray there for a month, going crazy and then come back to inject"*.

Based on the experience of the group members, a barrier to go to church is the feeling of shame over you failure to fulfill the promise you gave to the teacher.

"I also have had such an experience.. I got to the teacher and had a talk with him. He told me to visit him regularly but I could not. I'd rather be as I used to be than getting to him the next day to say: I still did it, something did not work... This is the feeling of shame you get when you say but fail to do. That's why I did not visit him because I knew I'd do it again".

In their opinion, the church must be more actively involved in the lives of people, particularly in the lives of the youth. The church must try to spark their interest in the church way of life, hold meetings with the youth, *"talk and teach them in connection with this topic"*.

In the opinion of the respondents, the church representatives should not expect others to visit them. Their assistance and teaching should not be designed for those only who are church-goers. They should visit people, in this case, drug users or young people and instill love for the church in them.

"They used to visit a group of lepers to heal them and we..."

The respondents of the same group believe that doctors (addictionologists) and the church should act in a coordinated way.

"You should help us in terms of medicine and they – in a spiritual way".

Such demands provoked resentment among the representatives of the other group. In their opinion:

"You know what is not helping us. Many of us do not know any religion. If we all understood our religion, then we'd have direct contact with the church".

"Can a priest make it his job to search out each drug addict individually?"

The church can do even more in settling the problem of drug addiction: "rehabilitation centers may be set up with the church." The church must become more active when it comes to fight against drug addiction. The respondents wanted the church to take the initiative of teaching the right and healthy lifestyle to the youth and drug users.

6. Activity (education, work)

In the opinion of the majority of the respondents:

- *"Drugs and work can't go along with each other";*
- *"A drug addict must not be in any structure".*

In the opinion of the respondents, an individual's use of drugs tremendously affects his fulfillment of his duties.

"I think that the thing is beyond doubt now. All will agree that it affects. If it did not, then everything would be OK and drugs would be available for everyone. Sure it does affect".

The participants believe that there is no profession, office or activity where a drug addict may work:

- *A drug addict must not work anywhere;*
- *No, he must not work anywhere, he is an in any profession;*
- *A drug addict must not work with children or work in the capacity where lives are at stake or hold any office of responsibility.*

A drug addict must not work *"in any normal work"* or *"must not work at all"*. Although for some time after taking drugs an individual can be energetic and full of vigor, all of this is showy: *"you think you are doing something but in fact you are doing nothing"*.

In the opinion of the respondents, a drug addict must not engage in teaching, not serve in the police, military or prosecutor's office and must not hold any office of responsibility. As an example, they cited the rules in Holland and America: *"if you are a drug addict and on government maintenance, you do not have the right to work;" "in America when you sign a contract, you should get tested for drugs. No one wants an addict employee"*.

All the respondents agreed that if they were heads of any structure, they would not entrust anything to a drug addict.

"I would not employ even the closest friend who is an addict. I'd rather give him money on a monthly basis than employ him".

This is because, in the opinion of the respondents, a drug addict:

- *"Can never bring a job to the end";*
- *" Drugs will be the first thing on their minds, not work";*
- *"is not to be trusted, is not reliable".*

In the opinion of the majority of the respondents, a drug addict may be allowed to work only after he has gone through the necessary treatment.

7. SOCIETY

7.4. What the public attitude toward drug users is

In the opinion of the respondents, the multitude of drugs addicts in all social classes betrays a tolerant attitude of the society to those dependent on drugs.

"The society itself is a drug user".

"Drug addiction penetrated into almost every family, every circle of friends and relatives and that's why the society has become so tolerant".

"The society used to be more negative toward drug addiction but now that they have learned that even a fine person may ruin himself for it, the society has become more tolerant towards drug users".

Part of the respondents believes that the public attitude toward drug addiction is negative but passive: *"the public attitude is negative but the reaction is low. What I see is that nothing is being done except concern."*

The respondents believe that the social environment is stressful and aggressive: *"when you go to discotheque, you get tired because you are under stress, everyone there is aggressive".*

The respondents also point out that when "sober", they are troubled with discomfort as they get the feeling of being different and they feel comfortable when in the company of those of their sort.

In the opinion of the participants in the discussion, it is wrong for the society not to regard pot smokers to be drug addicts. *"It all starts with pot. You are dubbed drug addict when you inject. It is a wrong approach. Pot smokers must also be regarded as drug addicts". "Even in the Netherlands those who smoke much are cast out of the true society".*

7.5. What the public attitude toward drug users should be

The majority of the respondents wish the society should have a negative attitude toward drug users. *"Everyone should be taken as they are".* The society must regard drugs addicts to be ill and treat them. This, in their opinion, *"will lower the image of a drug addict and it will no longer be a matter of pride to be a drug addict".*

"We should be looked at as being ill because we are indeed ill".

"I think that we should be cast out because we are no good for the society".

Part of the respondents believes that it is hard to determine what kind of attitude the society must have toward drug users. They think it must be like a parent-child relationship.

"The society must help a drug addict as much as it can, in a spiritual way".

"As the parent often beats up his child for having done something wrong or give him a silent treatment for some two weeks or so but inside he loves the child and will not push him away for good, will not leave his child to doom, it must be like this. The society must always say "I can't stand you" but should not despise the drug addict".

The attitude of the society toward drug addicts must be like toward patents. At the same time, the participants were quite emotional about and against being shown mercy from those around. It would be equally shameful if a drug user on the file is from time to time visited for check-up by the police or an ambulance for everyone to see.

In the opinion of the participants, under the current conditions, the society can do nothing: "What can it do? To stage a protest meeting? To hold an assembly or pronounce it on TV?"

8. LEGISLATION

In the opinion of the majority of the respondents, law must be stringent toward drug dealers but provide for treatment of drug users.

"Drug dealers must be severely punished but drug users must be provided with the opportunities for treatment".

If drug dealers are severely punished, others will no longer wish to get money in this way.

"If you punish a dozen of drug dealers as an example, drug dealing will disappear. You've got to frighten them, you've got to sacrifice a dozen of them. Human lives are counted mathematically. You must sacrifice one, two, three as an example to others to instill fear in them. In old times a finger was cut off up in the mountains and there was no theft".

A large part of the respondents believe that drug dealers must be subject to a maximum measure of punishment:

"Life imprisonment";

"Death";

"Life sentence";

"Death to those who sell death".

The respondents believe that the law toward users is normal if observed. However, they think that the law is still not fulfilled and the results are insignificant:

"Users are fined for the first and second times and arrested for the third time. In principle, it's quite normal".

"The current law may be just fine in other situations".

By the current law, by the amount that drug is considered for sale any user may be deemed to be a dealer. "From one entrance to another you are both a dealer and a user".

The participants believe that the law must be stringent towards drugs addicts and dealers alike. But there must be a difference: Drug addicts must be subject to heavy pecuniary penalties but not to prison sentences. Some of his rights must be limited, e.g. the right to vote or the right to hold a responsible job.

Part of the respondents believe that the law must necessarily provide for a compulsory treatment in a narcological clinic for finding a person tripping.

9. DRUG POLICY

The respondents think that it is difficult to fully eradicate drug addiction. If the number of drug addicts is downsized to 10-15% of the current addicts, the problem may be deemed to be settled.

In the opinion of the participants, to address the problem of drug addiction, it is necessary to:

- Shut the borders

"In the first place, I'd shut the borders, no drugs would ever get in and I'd burn all that would still get in".

- Employment

"The strategy must be aimed at creating jobs".

- Settle the problem of spare time – "normal entertainment, sports"

- Free treatment opportunities for drug users

"Those who are drug addicts must be given the first opportunity for correction. They must open free centers to treat them".

- Establishment of rehabilitation centers "for the helpless" as well

- Nationwide government-supported anti-drug propaganda

For instance, "We are building a new state but without drug addicts! We do not need drug addicts in this work!" or "They pay money for suicide".

ANTI DRUG STRATEGY OF GEORGIA

- Active involvement of the clergy
- Education, providing the youth with qualified information on drugs and characterizing drug addicts in an extremely negative light for the attention of school students.

"Help young people see that it is a disease. If the young people know that it is a chronic disease, no one will want to become ill. Schools must talk about it".

- Planning an advertisement campaign

"I'd make such advertisements on drug addicts to shock a child. I'd show the child how a drug addict injects in the throat or under the tongue and things like that, that drug addicts would do crazy things for just a minute of pleasure".

"TV can do much to contribute. The programs for young people must highlight the problem. Let them give speech to those who are liked by the youth".

"It must be done on a regular basis to impress on the minds of people".

According to the respondents, the problem of drug addiction is critically depicted in certain foreign movies but in order for a movie to have an adequate effect, it must depict the Georgian reality: *"those guys are tramps for the Europeans, not for us".*

"Why not make a movie that can affect so deeply that will remain on your mind the whole life. If a movie is made on the Georgian reality to graphically show what is actually happening here – then it may exert some influence".

According to the respondents, the drug policy in Georgia must be bent on making drug addiction something to be ashamed of.

"Those of the young generation who start experimenting with drugs should not be calling "I have done it" for all out in the street to hear – it's stupid, terrible. On the contrary, they have to be ashamed of".

ANNEX 4

QUALITATIVE STUDY INSTRUMENT

Date:	
Name of surname of the meeting speaker:	
Name of surname of the recorder:	
Starting time:	
Closing time:	

DISCUSSION IN A FOCUS GROUP

MEETING WITH DRUG USERS

DISCUSSION QUESTIONNAIRE

Instruction for the moderator:

Read the introduction that defines the goals of the meeting (the participants must be necessarily apprised of fact that if they ever in the course of talk feel uneasy, they are not obliged to go on talking. Also inform that that there are no absolutely right or wrong answers to your questions. Stress the fact that the polling is anonymous and the confidentiality is guaranteed).

It is not necessary to put all the questions or t put questions in the order they are presented below.

Sometimes a topic arises spontaneously and it is advisable to hold a discussion on it though its order may differ from that given in the instruction. Nor is it necessary to put all the specific questions (they follow general questions and are indicated with (→) in the instruction). These questions will help you to get an in-depth understanding of the matter and encourage the meeting participants towards talk. If the participants turn out good talkers, these specific questions may no longer be necessary. The meeting speaker must study the instructions well before the commencement of the meeting with the focus group in order to be able to conduct talk on spontaneously arising topics in adequate detail and know when specific questions are to be best used).

The moderator must start the talk with the following:

"Today we'll talk on the problems of the spread and use of drugs in Georgia. A Drug Policy-making Board has been set up with the Ministry of Labour, Health and Social Affairs. The aim of this Board is to promote the settlement of the problem of drug addiction

in Georgia. We are interested to know your opinion as well as the general opinion established in Georgia and practices around the issue. Your answers will help the Board in its work".

QUESTIONS:

General overview of the problem of drug addiction

1. How widespread do you think drug addiction is in Georgia today?
 - What is the age of drug users;
 - In what social classes is drug addiction spread?
 - Who do drug addicts have contact with?
2. What prompts taking up drugs?
 - What do you think promotes the spread of drug addiction?
3. What do you think would arrest the spread of drug addiction?
 - What promotes the drop of drugs?

Circle of friends (friends, "drug friends")

The moderator must say: *"Now let's move on to the circle of friends"*.

4. What is the attitude of friends toward drug users?
 - What influence does a circle of friends have on whether an individual will start taking drugs or not?
 - What must friends do to help an individual stop taking drugs?

Family

The moderator must say: *"Let's touch upon the family problems"*.

5. Most often, what is the attitude of family members toward drug users?
 - What must family members do to help an individual stop taking drugs?
 - What family factors may prompt an individual towards taking drugs?

Police

The moderator must say: *"Now let's talk a bit on our police"*.

6. What do you think the police attitude is toward drug users?
 - What do the police do to address the problem of drug addiction?
 - How must the police be toward drug users?
 - What must the police do to address the problem of drug addiction?

Addiction service

The moderator must say: *"Now let's touch upon the medical care to drug users"*.

7. Based on your experience, what do you like and what do you not like about the current addiction treatment services?

→ What a addiction treatment service in Georgia must be like? (what type of service must it provide – therapeutic community, rehabilitation center).

→ What must a rehabilitation center be like?

Church

The moderator must say: *"Now let's talk about the role of the church in settling the problem of drug addiction"*.

8. To what extent do you think the church is involved in the settlement of the problem of drug addiction?

→ What else can the church do to this end?

Activity (education, work)

The moderator must say: *"Now let's talk about the impact drug usage has on education and work"*.

9. What influence do you think the use of drugs have on an individual's fulfillment of his duties?

→ Do you think there is such profession, office or job where a drug addict must work?

→ If yes, what is the profession, office or job?

→ If you were a manager of some structure, would you entrust any work to a drug addict?

Society

The moderator must say: *"Now let's touch upon the attitude of the society, i.e. people toward the problem"*.

10. What is the public attitude toward drug users?

→ Who does the society think to be drug addict?

→ What must the public attitude be like?

Legislation

The moderator must say: *"Now let's talk about the drug legislation"*.

11. How would you evaluate the current legislation on the use of drugs?

→ How would you evaluate the current legislation on the illicit circulation of drugs?

→ What impact does the current legislation have on the spread of drug addiction?

→ What must the legislation be to reduce the spread of drug addiction in Georgia?

Drug Policy

The moderator must say: "We are interested to know your approach to the Drug Policy".

12. What do you think the settlement of the problem of drug addiction involve?

13. If you were asked to formulate a strategy for addressing the problem of drug addiction in Georgia, what would you offer?

Closing the meeting

The moderator addresses the participants with the following text:

"Some of the questions we've talked about today are quite personal for some people. We'd like to thank you for the thoughts and opinions you shared with us. Think for a second on what we have talked about. Before we dismiss, I'd like to address each of you in the room and ask whether you have anything to add to what has already been said".

Ask each particular participant whether he likes to add anything. Conclude the meeting with the following words: *"We have already finished the meeting. What do you think about our conversation?"*

The moderator must once again thank the participants and tell them that their cooperation is valuable and deeply appreciated. Stress the fact that the information will be used for the development of the Drug Policy and will promote the improvement of the drug situation in the country.

ANNEX 5

LIST OF THE ORGANIZATIONS ENGAGED IN THE FIELD OF DRUG ADDICTION IN GEORGIA

National Scientific-Research Institute on Addiction

39A Vazha-Pshavela Avenue, Tbilisi

Tel: (+995 32) 399392, 399391

Clinic and Public Union BEMONI

16 Kavtaradze St., Tbilisi

Tel: (+995 32) 306060, 306061

Hotline: (+995 32) 308600

E-mail: bemoni@caucasus.net

Psychosocial Information and Consulting Center NEW WAY

4 Baku St., Tbilisi

Tel: (+995 32) 911701

E-mail: newway@geo.net.ge

Medical Psychological Information Center TANADGOMA

21 A. Kurdiani St., Tbilisi

Tel: (+995 32) 352132, 356312

Hotline: (+995 32) 251819

E-mail: center@tanadgoma.ge

ALTERNATIVE GEORGIA Union

29A Mistkevich St., Tbilisi

Tel: (+995 32) 377550

E-mail: altgeorgia@dsl.ge

URANTI Center for Medical, Social-Economic and Cultural Affairs

16 Al. Kazbegi Ave., Tbilisi

Tel: (+995 32) 391245

E-mail: uranti@uranti.ge

South Caucasus Anti-Drug (SCAD) Program (implemented by UNDP with EU financial support)

9 Eristavi St., Tbilisi UN House

Tel: (+995 32) 251126, 251128, 251129

E-mail: platon.nozadze@undp.org.ge

South Caucasus Anti-Drug (SCAD) Program Information Center

39A Vazha-Pshavela Ave., Tbilisi

Tel: (+995 32) 531584, (+995 32) 421184

E-mail: antidruginfo@gol.ge

HUMAN Psychosocial Assistance and Development Center

39A Vazha-Pshavela Ave., Tbilisi

Tel: 8 (99) 229739

E-mail: human_cpad@yahoo.com

SASOEBA Drug Prevention, Medical and Social Rehabilitation Center

4 Gudamakari St., Tbilisi

Tel: (+995 32) 611426, 912149

Psycho-Correction and Drug Examination Center

14 S. Chikovani St., Tbilisi

Specialized Addiction Hospital

2 Gudamakari Lane, Tbilisi

ANNEX 6

**QUESTIONNAIRE FOR REGISTRATION OF THE ORGANIZATIONS ENGAGED IN THE
FIELD OF DRUG ADDICTION IN GEORGIA**

This questionnaire aims at gathering information on the organizations engaged in the field of drug addiction in Georgia for the year ----- . The information you provide will help us create the database. Please, fill in the questionnaire based on ----- year data

A. Identification information

1. Name of organization

2. Category of organization

Government

NGO

Private

Other (indicate)

3. Type of organization

Local

National

International

4. City

5. Country

6. Address

7. Contact person

Name	<input type="text"/>
Position	<input type="text"/>
Phone	<input type="text"/>
Mobile phone	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>

8. Year of registration

9. Number of paid staff

10. Date of completion

11. Additional information about the organization

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B. Services

- 1 Counseling of drug addicts
- 2 Treatment of drug addicts
- 3 Rehabilitation of drug addicts
- 4 Needle exchange programme
- 5 Maintenance programme
- 6 Drug primary prevention
- 7 Expertise
- 8 Services for prison inmates
- 9 Other (indicate)

C. Service Description

1. Counseling

- 1 Drug users
- 2 family members of drug users
- 3 Telephone counseling
- 4 HIV/AIDS/STI counseling
- 5 Hepatitis B,C counseling
- 6 Peer education/counseling
- 7 Counseling in prisons
- 8 Other (indicate)

2. Treatment

2.1 Treatment type

- 1 Inpatient
- 2 Day-care
- 3 Outpatient
- 4 Home care
- 5 Obligatory treatment
- 6 Other (indicate)

2.2. Treatment kind

- 1 Detoxification
- 2 Individual psychotherapy
- 3 Group psychotherapy
- 4 Family psychotherapy
- 5 Relapse prevention

ANTI DRUG STRATEGY OF GEORGIA

6 Other (indicate)

3. Rehabilitation

- 1 Rehabilitation programme
- 2 Rehabilitation centre
- 3 Social care
- 4 self-help groups
- 5 Other (indicate)

4. Primary prevention

- 1 Education/trainings
- 2 field visits/ seminars to schools
- 3 education material
- 4 life-skills training
- 5 peer education
- 6 public events
- 7 Other (indicate)

5. Needle exchange programme

- 1 Information
- 2 Counseling
- 3 Peer education
- 4 needle distribution
- 5 Other (indicate)

6. Maintenance Programs

- 1 Methadone programme
- 2 Counseling of IDUs
- 3 Psychotherapy of IDUs
- 4 Psychotherapy of family members of IDUs
- 5 Other (indicate)

7. Services for imprisonments

- 1 Information
- 2 Counseling
- 3 HIV prevention
- 4 Treatment
- 5 Other (indicate)

D. Other Ongoing Activities

- 1 Data collection/research
- 2 Public education
- 3 Vocational trainings
- 4 Art-therapy
- 5 Therapeutic physical training
- 6 Physiotherapy

ANTI DRUG STRATEGY OF GEORGIA

- 7 Sport activities
- 8 Cultural activities
- 9 Juridical support/counseling
- 10 Lobby and advocacy
- 11 Policy development
- 12 HIV testing
- 13 Other (indicate)

- 14 Other (indicate)

E. Service Recipients (Clients)

Please, indicate N of clients during the last (2004) year

Service	Number of clients		
	Total number	Female	Male
1. Counseling			
Counseling of drug addicts			
Counseling of family members of drug users			
Telephone counseling			
HIV/AIDS/STI counseling			
2. Treatment			
Inpatient			
Outpatient			
Day care			
Home care			
3. Rehabilitation			
Rehabilitation programme			
Rehabilitation centre			
Social care			
4. Needle exchange programme			
5. Maintenance therapy			
6. Service for prison inmates			
7. Other type of service (indicate)			
8. Other type of service (indicate)			

ANTI DRUG STRATEGY OF GEORGIA

9. Other type of service (indicate)			

10. Additional information about clients

F. Implemented Programs

Number of projects implemented by the organization since establishment

Please, briefly describe main programs implemented during the last (2004) year

N	Name and duration of the programme	Extent and location	Brief description of programme (Aims, activities, targets and strategies)
1			
2			
3			

ANTI DRUG STRATEGY OF GEORGIA

4			

2. Additional information about programs

--

G. Own Methodologies

If you have any self adopted methodology, please indicate

1	
2	
3	

ANTI DRUG STRATEGY OF GEORGIA

4	

Please, indicate other organizations working in the field of drug addiction in your region

1 | _____

2 | _____

3 | _____

4 | _____

5 | _____

Thanks for cooperation!